

Thursday, 9 May 2024

1  
2 (10.00 am)  
3 **LADY HALLETT:** Mr Scott.  
4 **MR SCOTT:** Good morning, my Lady. May we call Naomi Long.  
5 **MS NAOMI LONG (affirmed)**  
6 **Questions from COUNSEL TO THE INQUIRY**  
7 **MR SCOTT:** Good morning. Would you please provide your full  
8 name.  
9 **A.** Naomi Rachel Long.  
10 **Q.** For the purposes of today, I'll refer to you as Mrs Long  
11 throughout. Thank you for providing assistance to  
12 the Inquiry. For the benefit of the stenographer, can  
13 I ask you to keep your voice up, but not speak too  
14 quickly.  
15 **A.** Okay.  
16 **Q.** You provided a witness statement dated 12 March 2024.  
17 That's up on screen at the moment. Your signature and  
18 the statement of truth is at page 68. Please can you  
19 confirm the contents of that statement are true?  
20 **A.** I can, yes.  
21 **Q.** And you're content to rely upon that statement in  
22 evidence to the Inquiry?  
23 **A.** I will, yes.  
24 **Q.** If I just summarise your political career to date. So  
25 you became an elected representative for the

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1 **A.** Yes. There were a number of examples where I believe  
2 that the structures that we had in place made  
3 co-operation and collaboration more difficult than would  
4 have been the case had normal decision-making rules  
5 applied. I think the most stark example was the week of  
6 9 November, where we had the use of the parallel consent  
7 mechanism vote within the Executive. So on the Thursday  
8 or Friday of that week when we met, all of the  
9 restrictions that were in place were --  
10 **Q.** Sorry to interrupt. If I could just ask you to speak  
11 a little bit slower.  
12 **A.** Okay.  
13 **Q.** Just from the start. I've already been told once this  
14 morning.  
15 **A.** Apologies.  
16 So when we met that week, we knew that on the  
17 Thursday or Friday of that week that all of the  
18 restrictions that were in place as part of the  
19 circuit-breaker would fall were the Executive not to  
20 make a decision about what restrictions would remain in  
21 place. The health minister brought recommendations to  
22 the Executive. The DUP indicated they would not support  
23 those recommendations. They didn't only vote against  
24 them, however; they triggered a parallel consent vote  
25 within the Executive --

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1 Alliance Party in May 2001 when you were elected to  
2 Belfast City Council. You served until June 2010,  
3 including a term as Lord Mayor in 2009/2010. You were  
4 first elected as a Member of the Legislative Assembly in  
5 November 2003, became the Alliance Party deputy leader  
6 in 2006 and was re-elected to the Northern Ireland  
7 Assembly in 2007. You became an MP in 2010, before you  
8 were re-elected to the Assembly in 2016 and became  
9 Alliance Party leader later that same year. You took up  
10 a seat in the European Parliament in 2019, and then  
11 following the EU exit, you were co-opted back into your  
12 Assembly seat on 9 January 2020 and was elected as  
13 Minister of Justice on 11 January 2020 when the  
14 Executive and Assembly were restored.  
15 **A.** That's correct.  
16 **Q.** I'd like to start off with some questions about the  
17 Executive Committee as a body and how it operates in  
18 your experience as to that.  
19 You say in your statement that structures of  
20 government in Northern Ireland not only enable  
21 instability but also are a barrier to efficient and  
22 effective decision-making when the Executive is in  
23 place. Could you please provide a practical example  
24 that's related to the response of the pandemic in  
25 Northern Ireland of how that operated.

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1 **Q.** Could you please explain what that is for those who  
2 aren't familiar.  
3 **A.** So in order for the -- in order for us to pass the  
4 recommendations we needed, first of all, a majority of  
5 members voting at Executive, and then ancillary to that,  
6 we also needed a majority of Unionist members to vote  
7 for and a majority of national list members to vote for.  
8 **Q.** Some people might know that as the cross-community vote  
9 to give a very shorthand --  
10 **A.** Yes. And it effectively operated as a veto, so the  
11 health minister's proposals, because the DUP were the  
12 majority of Unionists on the Executive, they were in  
13 a position to block the health minister's proposals.  
14 By contrast, if we had taken a decision by a simple  
15 majority, or even weighted majority voting in the  
16 Executive, we would have had a true cross-community  
17 representation, so Sinn Féin, SDLP, Alliance and Ulster  
18 Unionist would all have been in favour, and it would  
19 have been an inclusive vote, and the health minister's  
20 recommendations would have passed.  
21 Instead, we entered into a period of rather chaotic  
22 and frankly embarrassing horse-trading to try to find  
23 a solution to the fact that we were blocked from  
24 accepting the health minister's recommendations.  
25 **Q.** If I can just bring you back to your experiences of the

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1 use of that. You've indicated that the simple majority  
2 voting, effectively that would have passed with the  
3 support of the Ulster Unionist party, Alliance, SDLP and  
4 Sinn Féin, so four out of the five parties that were  
5 sharing power.

6 **A.** Correct.

7 **Q.** So you say, effectively, that would have demonstrated  
8 clear cross-community support but for one party voting  
9 against it.

10 **A.** Correct.

11 **Q.** You also have indicated the fact that the health  
12 minister was a Unionist, and his proposals were vetoed  
13 by other Unionists.

14 What was your view on the use of a mechanism in that  
15 way in the middle of a public health emergency?

16 **A.** I felt it was an egregious abuse of a process that was  
17 there in order -- conceived in order to protect  
18 minorities around issues of particular sensitivity in  
19 Northern Ireland. So, for example, constitutional  
20 issues, issues to do with language and culture, and  
21 issues to do with the Good Friday Agreement itself.

22 Instead, it was being deployed, first of all, on  
23 an issue that had no differential bearing on either  
24 community, so anyone in society could get Covid and be  
25 affected by Covid. It did not recognise people's

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1 The other issue, if I may, which I think is  
2 important to say in this, that this was not about  
3 a protection of a minority. The DUP were the largest  
4 party on the Executive. They were also deploying it  
5 against a minister who was of the same designation, so  
6 also a Unionist, which to me shows starkly how egregious  
7 that breach of and abuse of the mechanism was.

8 **Q.** There were at the time ten ministers who were able to  
9 vote within the Executive, and given that your vote  
10 wouldn't have been counted on that second limb of the  
11 cross-community, there were nine ministers. How many  
12 DUP ministers made up that nine?

13 **A.** Four, I think.

14 **Q.** I just want to come back, then, to your experiences of  
15 actually being in the Executive, not on 9 November.

16 You set out in your statement frustrations that were  
17 experienced by yourself and also by Minister Mallon.  
18 It's right that Mr Mallon was the only member of the  
19 SDLP on the Executive at that time; is that right?

20 **A.** That's correct.

21 **Q.** So both of you were effectively individuals alone in the  
22 Executive.

23 **A.** We were.

24 **Q.** And plainly Mr Swann was also in the same position, but  
25 then again as health minister, he had the Department of

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1 constitutional aspirations. And therefore the  
2 cross-community, if you like, demand seemed to be  
3 irrelevant in that context.

4 **Q.** Can I just ask you one point that you also made: if,  
5 say, you had been health minister at the time, would you  
6 have been able to vote on your own proposal?

7 **A.** I would have been able to vote, but my vote would have  
8 been discounted in the context of whether or not  
9 a majority could be achieved. So we would have been in  
10 the invidious position where the minister who brought  
11 the proposal, actually their vote counted for less than  
12 other ministers --

13 **Q.** Sorry, some people might not necessarily understand the  
14 precise mechanism of that. So when it comes to -- I'm  
15 going to use the parlance cross-community vote -- that  
16 all ministers have the opportunity to vote --

17 **A.** Correct.

18 **Q.** -- but unless a minister, when they became an MLA,  
19 designated as Unionist or Nationalist, that actually  
20 their vote wouldn't count for the purposes of the tally.

21 **A.** It would count for the first. So there are two clauses  
22 that have to be met, two conditions to pass. The first  
23 is a majority of the Executive; it counts. The second  
24 is a majority of Unionists and a majority of  
25 Nationalists; it doesn't count.

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1 Health working alongside him in response to the  
2 pandemic. So a slightly different position, would you  
3 agree?

4 **A.** Very much so. We were very reliant as an Executive on  
5 his recommendations, and therefore when papers were  
6 brought, recommendations were being brought, the health  
7 minister was I think viewed to be crucial in that, in  
8 those discussions.

9 **Q.** You talk about there being pre-negotiations between the  
10 First Minister, deputy First Minister and  
11 Minister Swann. What was your understanding of the  
12 point of those pre-negotiations?

13 **A.** Well, first of all, it was my impression throughout that  
14 those pre-discussions had become negotiations. We were  
15 told that was not the case repeatedly at Executive, but  
16 it clearly was the case. And now in light of the  
17 evidence that the Inquiry has exposed, first of all, we  
18 can see that the Civil Service themselves recommended  
19 that they would find a consensus with the First and  
20 deputy First Minister before bringing things to the  
21 Executive in order that things would go more smoothly at  
22 the Executive.

23 **Q.** Can I just come in there. Is it necessarily detrimental  
24 for civil servants to try and identify where consensus  
25 might lie between the five parties that make up the

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1 power-sharing arrangement?  
 2 **A.** Not at all, but they did not do so with the five parties  
 3 that made up the Executive, they did so with the First  
 4 and deputy First Minister's party and with the health  
 5 minister, to the exclusion of two of the parties who  
 6 were in the Executive. I believe that was detrimental  
 7 and I think the evidence would demonstrate that it was.

8 Issues that were raised by myself and by  
 9 Minister Mallon were often batted away, despite their  
 10 validity, on the basis that to pull on that thread may  
 11 unravel a consensus that had been reached in another  
 12 meeting prior to the Executive meeting. And as  
 13 a result, some, I think, valid input that we had to make  
 14 to the decision-making process was not fully engaged.

15 **Q.** Because a power-sharing arrangement of five parties  
 16 isn't a full power-sharing arrangement when two of them  
 17 are excluded?

18 **A.** Correct.

19 **Q.** In terms of the actual administrative aspects, I think  
 20 you had set out things like you were getting the papers  
 21 very, very late in the day so you didn't have an  
 22 opportunity to consider them, that you didn't have  
 23 an opportunity, given the rules of confidence, to  
 24 actually share them with your party members, whereas  
 25 those who had more than one minister were able to

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1 happen, and I think that that created a sense, first of  
 2 all, that the Executive was incompetent. And secondly,  
 3 it led to me finding out often from journalists or news  
 4 reports what would be discussed at Executive, as opposed  
 5 to finding out when I received my papers and my  
 6 briefings.

7 **Q.** Do you think that the point of those leaks was to  
 8 effectively trail a proposal to see either what the  
 9 public support would be, or to try to push people into  
 10 supporting a proposal?

11 **A.** It's very difficult to know what the motivation was.  
 12 I think in some cases it was slightly more benign, in  
 13 that I think people were trying to prepare the ground,  
 14 if you like, for what might be coming down the line.

15 In other cases I think that there was a degree of  
 16 leaking of information, mainly negative information, to  
 17 put pressure on ministers to take certain positions --

18 **Q.** Would you give us a specific example of that, please.

19 **A.** There were so many examples of leaks, it's hard to  
 20 recall a single example where that influence was  
 21 obvious, but I would say particularly around the  
 22 circuit-breaker. Some of the leaking at that time into  
 23 the press was particularly ... was particularly to ramp  
 24 up pressure for people to agree to certain proposals,  
 25 but the leaks were not consistent in that regard. There

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1 discuss them amongst themselves.

2 Did you feel disadvantaged in terms of your ability  
 3 to engage with the issues as a minister?

4 **A.** To some degree we were disadvantaged. I mean, at a very  
 5 practical level, not being able, for example, to seek  
 6 detailed advice from my officials made it very difficult  
 7 for us to provide responses in a timely fashion. It was  
 8 also very isolating, because we were taking decisions  
 9 which would have a huge impact upon people's lives, and  
 10 yet were not part of the wider conversation. But were  
 11 expected to, in many cases, rubber-stamp negotiations  
 12 that others had had, but then take full responsibility  
 13 for those decisions though we didn't have a hand in  
 14 forming them. And that, I think, was incredibly  
 15 frustrating.

16 **Q.** We've heard a number of references to leaks coming from  
 17 the Executive Committee. What was your view of the  
 18 impact of those leaks?

19 **A.** I think first and foremost it created, at times,  
 20 panic --

21 **Q.** Amongst who?

22 **A.** In the public. I think things were leaked in terms of  
 23 what may or may not happen at Executive that then  
 24 created a debate prior to Executive having been able to  
 25 even consider the evidence around what may or may not

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1 would have been other times when there would have been  
 2 leaks from people who were making clear that they were  
 3 not going to do certain things.

4 There was also, in addition to leaks of the facts,  
 5 if I may --

6 **Q.** Sorry to interrupt, I don't want to cut across you,  
 7 there's -- I've got a number of topics I want to come  
 8 on -- just want to make sure we're focusing on those.

9 If I can just take you forward to alignment. We've  
 10 heard a number of people refer to alignment with the  
 11 United Kingdom or the Republic of Ireland. Given your  
 12 viewpoint within the Executive, what do you consider  
 13 would have been the optimal -- let's use the word,  
 14 alignment for Northern Ireland in a pandemic towards  
 15 either the Republic of Ireland or the United Kingdom or  
 16 a blend of both?

17 **A.** I was quite pragmatic about how we should handle the  
 18 pandemic. As I set out in my written evidence, I think  
 19 there were a number of practical factors that would  
 20 influence how we could do that. So our scientific  
 21 guidance came from UK SAGE, and therefore was not going  
 22 to entirely coincide with the advice being offered in  
 23 the Republic. Not all of the actions required to align  
 24 across the island would lie within the competence of the  
 25 devolved institutions, so even if we aspired to align,

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1 we would not have had the powers necessarily to do so.

2 **Q.** Such as?

3 **A.** Particularly around international travel, which is not  
4 a devolved matter.

5 Thirdly, I think our budget for dealing with Covid,  
6 so the resource available to us, was very much guided by  
7 spend in England in particular and the Barnett  
8 consequentials that we got from that. So if we wanted  
9 to do things in line with the South, we wouldn't have  
10 necessarily always had access to the resource to do it.

11 We were very conscious that those living in border  
12 communities could see conflict. You know, if you're  
13 living in Strabane, and you see schools in Lifford  
14 closed and a mile down the road in Strabane schools are  
15 open, that conflict was very live, and there would have  
16 been, I think, simplicity in having more cohesion in  
17 terms of our approach --

18 **Q.** Again, just to illuminate that point you're making  
19 between Lifford and Strabane, the border in an area like  
20 that is very fluid, people transferring backwards and  
21 forwards for work, schools, shopping, so it would feel  
22 like their daily lives had been impacted. Is that fair?

23 **A.** Correct, and people whose lives straddled the border  
24 were also having to be able to manage two often  
25 different sets of regulations and restrictions, two

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1 reconcile both -- both of the other jurisdictions, what  
2 they were doing, how that would impact on us, how we  
3 would manage that internally, and do that at speed.

4 **Q.** Are you able to exercise the level of leadership you  
5 would have liked to as a minister in those situations?

6 **A.** Well, I think leadership is about how you respond in  
7 situations. It was certainly not -- I wouldn't describe  
8 it as the optimum situation for demonstrating  
9 leadership, but I think that that is the nature of  
10 leadership, that it's often how you respond in those  
11 challenging situations that defines whether or not you  
12 are leading. I think at times whilst it appeared to the  
13 public that we were reactive, we were following the  
14 advice and guidance given to us to the best of our  
15 ability and seeking as best we could to show leadership  
16 within our own community, bearing in mind that the  
17 trajectory of Covid in Northern Ireland was not the same  
18 as in England or the South.

19 **Q.** So just moving slightly onwards in terms of, let's call  
20 it, visible leadership or engagement with the leadership  
21 about public statements. There's one in particular that  
22 seemed to have an impact upon the Executive in and  
23 around 14 March, after the Republic of Ireland had taken  
24 a decision to close schools, and Michelle O'Neill made  
25 a public statement setting out that there had been

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1 different sets of guidance, and so that was complex.

2 And I suppose the added complication for  
3 Northern Ireland was that there did not appear,  
4 certainly from my perspective, to be adequate thought  
5 given by either the Irish Government or the  
6 UK Government about the impact of divergence in their  
7 approach on a part of the UK that had a land border with  
8 a neighbouring state, and it would be fair to say that  
9 that's a fairly consistent failing in UK policymaking,  
10 because there are no land borders in that way to  
11 consider for the rest of the UK, for GB.

12 **Q.** Did that put the Executive in a difficult position in  
13 the sense that at times significant announcements could  
14 be made either from Westminster or from Dublin which  
15 then the Executive would have to react to?

16 **A.** Very much so. Those decisions were often made with  
17 little or no advance warning, so I recall we knew that,  
18 for example, something akin to a lockdown might emerge,  
19 but I found out about it when Boris Johnson made his  
20 public statement on television. We found out about the  
21 Irish lockdown when I think Leo Varadkar made the  
22 announcement from Washington.

23 So we were not prepared in advance, but  
24 understandably the media then immediately said: well,  
25 what are you going to do? And we had to try to

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1 contradictory medical advice and that her view was that:

2 "... we [I presume Northern Ireland] should err on  
3 the side of caution."

4 And:

5 "... it is our duty to make decisions in the  
6 interest of everyone based on all available advice."

7 From your perspective, was a public statement at  
8 that time, in March 2020, detrimental to public  
9 confidence or actually boosted public confidence?

10 **A.** This was a matter of public debate, so it would be fair  
11 to say there were already divergences in opinion. It  
12 was a matter of debate in the media, so people were  
13 already reaching a degree, if you like, of discussion  
14 around this irrespective of any public statement. But  
15 I believe that it did undermine confidence fundamentally  
16 in the advice we were given.

17 The advice that we received collectively, as  
18 an Executive, was that it was not necessary at that  
19 point in time to close schools, and from my perspective  
20 I believed that it was important that we acknowledged  
21 that that was the case and that we collectively reached  
22 a decision as to when schools would be closed.

23 **Q.** Can I just ask then, in principle there's no difficulty  
24 with ministers making public statements by themselves;  
25 do you agree with that?

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1 A. Well, we're all bound by the Ministerial Code, and so  
2 when we have made decisions we are bound by those  
3 decisions and we are also bound to defend those  
4 decisions. I could point to numerous examples of  
5 decisions with which I disagreed, but that I defended  
6 publicly.

7 Q. But that relies upon a decision having been taken. So  
8 on 14 March the Executive hadn't taken a decision  
9 whether or not to close schools; is that right?

10 A. In the --

11 Q. That came on the 16th.

12 A. It does, but I think also there is an expectation in the  
13 Ministerial Code that the negotiations around the  
14 Executive table remain confidential, so if you publicly  
15 state, going into the Executive, your pre-judged  
16 position, it's very hard then for other Executive  
17 colleagues not to do likewise, and you end up with  
18 an Executive debate in the public arena, which is not  
19 necessarily helpful.

20 It was also, from my perspective -- we all agreed  
21 that we should err on the side of caution at that stage,  
22 in fact the Department of Education said that we should  
23 not be blasé very early in this. I disagreed with the  
24 immediate closure of schools, but I also disagreed,  
25 I have to say, with the DUP counter to that, which was

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1 those particular groups. But I think -- and I've  
2 expressed, I think, in my statement -- the degree to  
3 which we had the same level of expert input to Executive  
4 decision-making when it came to societal human rights,  
5 equality, and other impacts, I think was not so  
6 extensive as the health information. So the Chief  
7 Scientific Officer, the Chief Medical Officer, were  
8 regular attendees at Executive and were able to  
9 elucidate their arguments.

10 Q. Can I just take you to some of the examples of some of  
11 the documents that you're talking about the fact that  
12 you received, because there's clearly a distinction  
13 between receiving a document and actually the document  
14 content being sufficient to provide you, as a minister,  
15 with enough information to take a decision. Would you  
16 agree with that?

17 A. Yes, I think that's true, and, as I said, I felt that we  
18 lacked the same level of expertise, in terms of  
19 informing our decisions, from those other sectors as we  
20 gained from the Department of Health. That's not to say  
21 they weren't considered, but the weight we could  
22 attribute to them was affected by the lack of an equal  
23 weight of expert advice.

24 Q. On 9 November 2020, you wrote a letter to your Executive  
25 colleagues, and you were saying that:

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1 we should not close schools until the CMO recommended  
2 it. Because there are other factors to consider. I've  
3 mentioned the border as an example.

4 So we started to see school management in  
5 Northern Ireland, the Catholic-maintained school sector  
6 saying that they believed schools should be closed. We  
7 saw parents start to withdraw their children voluntarily  
8 from school, because they saw schools closing elsewhere.  
9 And so I don't think it was purely a decision to be  
10 taken on the basis of medical advice, but we needed to  
11 look at how, as an Executive, we could maintain support  
12 from the community and take into account the views of  
13 the community as we proceeded.

14 Q. That sounds like you're considering the balance between  
15 the medical advice and then societal factors. Do you  
16 think that the Executive was given sufficient  
17 information about societal factors throughout the  
18 pandemic, particularly in the early stages?

19 A. Well, there were a number of pieces of evidence that we  
20 were given. So we were provided with potential societal  
21 impacts, we were provided with economic information in  
22 terms of impact. We were also very conscious of the  
23 impact, for example, on older people, people with  
24 disabilities, vulnerable groups, in terms of -- one of  
25 the motivations for entering lockdown was to protect

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1 "... the inability of modelling to disaggregate the  
2 impact on R of different parts of the economy/society at  
3 a more granular level remains a weakness in our ability  
4 to consider the likely impact of more nuanced  
5 restrictions."

6 Even in November, are you suggesting that actually  
7 the modelling didn't provide you with the information  
8 that you needed?

9 A. No. There was a desire within the Executive at that  
10 time to look at intrasectoral differentiation. So,  
11 for example, within close contact services, to look at  
12 hairdressing versus driving instructors versus nail  
13 technicians. And the point I made was that the  
14 modelling was not sufficiently nuanced, and Dr Ian Young  
15 had been very clear. It was not sufficiently nuanced  
16 for us to be able to understand what the impact of,  
17 for example, closing hairdressers but opening up driving  
18 tests again would be --

19 Q. Would that not have been very useful, to have greater  
20 detail about what the impact would have been on specific  
21 sectors when you're considering whether to open or  
22 close?

23 A. Well, there are two things that I would say. First of  
24 all, given that the impact on the R number was  
25 relatively small for many of these sectors, to further

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1 disaggregate it, you then end up with a situation  
 2 statistically --  
 3 **Q.** Well --  
 4 **A.** You end up with a situation statistically where the  
 5 confidence in the information you're using declines as  
 6 the number of -- as the nuance increases.  
 7 So from a modelling perspective, I understood that  
 8 in a situation where you're dealing with a relatively  
 9 small sample, if you then split that sample into very  
 10 small parts, the confidence that you can have in how  
 11 representative that disaggregation is declines. And so  
 12 it wasn't whether or not it would have been useful to  
 13 have, but whether or not it was practical to be able to  
 14 deliver, and I don't believe, in fairness, that we could  
 15 have delivered the level of disaggregation of sectors in  
 16 terms of the R number that some people were looking for.  
 17 We could tell in broad terms the likely impact of  
 18 close contact services or hospitality, but we couldn't  
 19 necessarily go kind of ... we couldn't go, I guess by  
 20 each individual --  
 21 **Q.** The balance between coffee shops or restaurants, for  
 22 example, which was a point that was raised.  
 23 **A.** Incredibly difficult.  
 24 **Q.** Yes. But isn't the difficulty, as you highlight in  
 25 November -- we're not talking about the low rates in the

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1 we were making were actually having the impact that we  
 2 were seeing on the R rate.  
 3 So I think we lost an opportunity by not being more  
 4 coherent and restrained as we moved out of lockdown.  
 5 Not that I wanted to move slower for slowness' sake, but  
 6 because I felt that by doing so in a much more coherent  
 7 and steady fashion would allow us to acquire that  
 8 information that we would then need if at a later stage,  
 9 as expected, we needed to impose further restrictions.  
 10 **Q.** Okay. If I can just show you a document. It's  
 11 INQ000346707. This is a briefing paper dated  
 12 17 June 2020, and it's about one of the reviews of  
 13 restrictions that had to take place. You'll be very  
 14 familiar with these types of documents, no doubt.  
 15 If we can go through to page 7, please. Now, the  
 16 purpose of this document, if I'm correct, was to pull  
 17 together all the various threads to inform you as  
 18 ministers about an overview of the state of the  
 19 regulations, the state of transmission, the impact of  
 20 the restrictions and allow you to take a decision about  
 21 what should be done next.  
 22 Is that a fair summary of what the point of this  
 23 is --  
 24 **A.** Yes.  
 25 **Q.** So we have a section here at paragraph 36 that's called

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1 middle of the summer, for example; we're talking about  
 2 in November when the transmission rates are high. Isn't  
 3 the difficulty that if you haven't got a proper  
 4 disaggregation of the impact on the different parts of  
 5 society, you actually can't tell whether your assessment  
 6 of what the impact on the R number would be, as you just  
 7 suggested is; you actually need that aggregation to then  
 8 identify whether your modelling is correct.  
 9 **A.** I think there are two things I would say. First of all,  
 10 one of the things that I pressed for throughout, which  
 11 I think would have been helpful, was that as we emerged  
 12 from the first lockdown that we did so in cycles of  
 13 three weeks because we were told it took around  
 14 three weeks for the imposition of restrictions to lead  
 15 to a lowering of R, and equally as we lifted to see  
 16 a change.  
 17 And I wanted to move in three-week blocks for  
 18 a couple of reasons. It gave people the opportunity to  
 19 see the impact of the changes we were making, and that  
 20 would also have allowed us, if we reached a point where  
 21 the R rate -- when we were reliant on that for  
 22 a period -- was increasing, we could take one step back.  
 23 But the rush to open things up in a more chaotic fashion  
 24 meant that we couldn't tell as we emerged whether the  
 25 changes that we were making, which parts of the changes

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1 "Wider health, societal and economic impacts". Now, we  
 2 can see that paragraph is all about economic impacts.  
 3 If we can go over the page, please, and then there's  
 4 paragraph 37. Now, again, it's worth remembering this  
 5 is -- the paper's dated 17 June 2020 so it's not the  
 6 first iteration of a paper such as this. Do you  
 7 consider that that paragraph 37, which appears to be the  
 8 extent of the consideration of the wider societal  
 9 impacts, do you think that gives you sufficient  
 10 information in order to take a decision about what to do  
 11 with the restrictions?  
 12 **A.** I wouldn't characterise it as you have, as representing  
 13 all the consideration of the wider societal impacts. It  
 14 was certainly the consideration that the Department of  
 15 Health had undertaken of the wider societal impacts, but  
 16 these papers then came to the Executive, and we also  
 17 raised issues.  
 18 So, for example, a consistent theme that I raised  
 19 was around the balance between the economy and wanting  
 20 to protect our economy, but also looking at wider  
 21 societal impacts that were not economically driven.  
 22 And there were at times, I think, conflicts at two  
 23 levels. Firstly, I think that when it came to how we  
 24 decided to prioritise --  
 25 **Q.** If I could just please ask you just to focus on the

24

1 specific question I'm asking in relation to this  
2 document because it's about the information that you  
3 were provided with, rather than the information that you  
4 were necessarily imparting, because this document is  
5 meant to inform all ministers in advance of a meeting;  
6 is that correct?

7 **A.** From a health perspective, yes.

8 **Q.** Yes. So were there equivalent papers from everybody  
9 else that were setting out the impact from all of their  
10 departments, or is effectively this the summary?

11 **A.** There would have been other papers in circulation and  
12 correspondence in circulation at that time that would  
13 have raised other concerns.

14 I mean, I wrote about other issues that were of  
15 concern to me that I had picked up either as  
16 a constituency MLA or as a minister. For example, the  
17 impact it was having on young families, the impact that  
18 it was having on single people, the impact it was having  
19 on bereaved families --

20 **Q.** But at that time, you were the minister of justice.

21 **A.** Yes.

22 **Q.** Those were anecdotal experiences.

23 **A.** Yes.

24 **Q.** They weren't coming from the broad sway of a government  
25 department. So surely you need, as a minister to be

25

1 a --

2 **A.** It is.

3 **Q.** Because just that point 37(b) there:

4 "Population health and inequalities are expected to  
5 be significantly affected, with the greatest effects  
6 felt by the most disadvantaged."

7 Does that give you any practical benefit about what  
8 the actual impact of those restrictions that you were  
9 considering at that point in time were, or is that  
10 actually falling quite a long way short of what you need  
11 in order to take a decision?

12 **A.** Well, I think we understood that those who were most  
13 disadvantaged in society, that the impact of that would  
14 be compounded by both lockdown and also at times how  
15 restrictions were lifted --

16 **Q.** But you --

17 **A.** -- but it didn't give us the level of quantitative data  
18 that would allow us to factor that and weigh it directly  
19 against, for example, the impact of decisions on case  
20 numbers for Covid.

21 **Q.** But isn't that exactly what you need in order to be able  
22 to balance the health matters with the societal impact?

23 **A.** I think in the early stages of the pandemic, the focus  
24 was very much on how we would prevent the spread of  
25 Covid and save lives, and so in that context and not

27

1 able to take decisions, the information from departments  
2 rather than the information that you're necessarily  
3 gathering yourselves?

4 **A.** Well, as I said, I believe we lacked that expert opinion  
5 when it came to being able to measure those wider  
6 societal and economic impacts, where we had a very  
7 strong level of scientific and medical evidence that was  
8 provided to us. We didn't have a chief economist. We  
9 didn't have a chief social scientist. We didn't have  
10 a chief family -- and part of the difficulty, if I may  
11 say, is that there is no single department that  
12 advocates for families or for individuals. There is no  
13 single department that holds that brief. So it was  
14 relevant to my brief in terms of the impact it may have,  
15 in terms of children at risk of offending, in terms of  
16 the impact it may have on prisoner rehabilitation, in  
17 terms of the impact that it may have on the  
18 vulnerabilities that we know may expose people in later  
19 life to the justice system in a negative context.

20 So I felt it was appropriate for me to raise those  
21 issues, but I didn't have access to the level of  
22 expertise of a chief medical officer or a chief  
23 scientific adviser to be able to do so in the way that  
24 you suggest.

25 **Q.** Yes, and actually that is a gap in the ability of you as

26

1 knowing at the outset how long this may continue, our  
2 focus was more on how we would mitigate those impacts on  
3 wider society, rather than whether or not they were in  
4 and of themselves a reason not to proceed with some of  
5 the measures that were recommended.

6 **Q.** Do you think that the government of Northern Ireland  
7 truly understood the section 75 equality duty or broader  
8 equality matters and it took all steps during the  
9 pandemic to minimise the risk on those who were most  
10 disadvantaged by the restrictions that were imposed?

11 **A.** I think that there is, first of all, considerable  
12 sensitivity to section 75 categories. Could we have  
13 done better in terms of factoring that into  
14 decision-making? Yes, I think we could.

15 As a department, every paper that comes to me will  
16 be screened for equality issues, human rights impacts,  
17 and I worked on the presumption that that was also the  
18 case for every paper, every set of recommendations that  
19 were being provided to other ministers --

20 **Q.** Because --

21 **A.** -- I wouldn't be sighted on that internal advice.

22 **Q.** Because you need that as a minister. When you're  
23 considering matters that have been brought to the  
24 Executive, which therefore are significant cross-cutting  
25 or controversial, you need to know that the other

28

1 departments have conducted that exercise properly; is  
2 that right?  
3 **A.** Yes.  
4 **Q.** And --  
5 **A.** It's also fair to say that if you look to the  
6 mitigations that we put in place that it would be unfair  
7 to characterise the Executive's approach as being  
8 completely unaware of the impacts. So there was  
9 considerable discussion about the impact on early years.  
10 There was extensive discussion around isolation and the  
11 impacts on mental health. There was a significant body  
12 of work done to support people who may come from more  
13 disadvantaged backgrounds. For example, the extension  
14 of free school meals over summertime and during the  
15 pandemic so that people would still receive payments for  
16 food during that period.

17 So whilst I would concur that the evidence could  
18 have been stronger, I would take issue with the  
19 suggestion, if that suggestion is being made, that the  
20 Executive was in some way insensitive to those issues,  
21 because I think the record would show that we tried to  
22 ameliorate the damage in as best we could. Would we  
23 have been aided by more clarity? Yes, I think we would  
24 have.

25 **Q.** Taking a step away from that topic --

29

1 I think a lot of reliance was placed on the  
2 community and voluntary sector. I think they stepped up  
3 in terms of both offering advice and assistance, of  
4 being flexible in the way they delivered their services.

5 They were also facing a crisis, because many of the  
6 community and voluntary sector organisations rely,  
7 for example, on fundraising. It was impossible during  
8 that Covid period, and so we tried to put in mitigations  
9 for charities and other groups, but it was quite late,  
10 I think, in coming, and they had -- they struggled.

11 So I think it would be a mixed message at best.

12 **Q.** Because it wasn't for the community and voluntary  
13 sector, there wasn't an obligation on them to step up.

14 They chose to.

15 **A.** They did, and the community generally opted to step up.

16 **Q.** And they stepped up into a gap, would you agree, that  
17 was probably left by what more could have been done by  
18 the government?

19 **A.** No, I genuinely think that many of those gaps  
20 pre-existed Covid. That's the first thing to say. We  
21 already work in partnership with the community and  
22 voluntary sector in Northern Ireland. This is not about  
23 knitting circles and baking scones, albeit that that's  
24 very valid and worthy activity.

25 Our community and voluntary sector in

31

1 **A.** Just before we move on, I would like to say one other  
2 thing.

3 One of the strengths of the pandemic handling in  
4 Northern Ireland was our engagement with the unions,  
5 with the community and voluntary sector, and with  
6 community-based organisations who were very proactive in  
7 terms of their engagement. And they provided  
8 an insight, as well as support to the Executive, around  
9 the challenges that we were facing and around potential  
10 mitigations. And engaging, for example, with the  
11 community and voluntary sector led to myself and  
12 Minister Mallon putting in place free public transport  
13 for those who were fleeing from domestic abuse and  
14 violence, and there were a number of other similar  
15 mitigations through that time. So it would be remiss of  
16 me not to acknowledge that the community and voluntary  
17 sector and the kind of wider unions and so on actually  
18 played a huge role in informing the decisions of the  
19 Executive and in implementing many of the mitigations.

20 **Q.** Do you think that the community and voluntary sector  
21 would consider that actually the government in  
22 Northern Ireland paid sufficient attention to  
23 inequalities during the course of the pandemic?

24 **A.** I think it would depend very much on which sectors one  
25 looks at, but I suspect in broad terms, no.

30

1 Northern Ireland are incredibly skilled individuals.  
2 Many of the services, for example within the Department  
3 of Justice, that we provide are serviced by the  
4 community and voluntary sector, they are outsourced to  
5 those organisations. And they provide, for example,  
6 support for victims and witnesses in court cases, they  
7 provide counselling for victims of domestic and sexual  
8 abuse.

9 So in many ways, they were part of the service  
10 delivery landscape in Northern Ireland pre-Covid.  
11 Others stepped forward into that space during Covid, and  
12 others, I think, took on a greater share of  
13 responsibility during that period, and we were very  
14 grateful for that. But it would be, I think, unfair to  
15 say that, if you like, it was because government left  
16 things undone. They were part of that landscape of  
17 delivery of service prior to Covid and remained  
18 essential to that during Covid.

19 **Q.** I'm going to move away from where the balance lies  
20 between community and voluntary sector and government  
21 and then look at care homes.

22 You say in your statement that care homes were  
23 a priority area of concern from the outset.

24 Is it right that the Executive Committee -- well,  
25 I'll complete the quote. You say that:

32



1 "Whilst the Executive took an active interest in the  
2 work being done by the [Department of Health] to protect  
3 residents and staff in care homes, the responsibility  
4 for policy and practice resided solely within the  
5 [Department of Health]. Ministers ... had no formal  
6 role in operational decision-making or monitoring of  
7 transmission within care homes or other parts of the  
8 healthcare system."

9 If the Executive Committee had wished it to be so,  
10 then it could have considered taking decisions in  
11 relation to the care homes on the basis that that was  
12 a significant issue and would fall within its purview;  
13 would that be right?

14 **A.** Theoretically that would be correct. Practically that  
15 would have, I think, been potentially impossible for us  
16 to deliver, in that we would have been reliant -- first  
17 of all, the government structure means that the  
18 accountability mechanisms are to the individual  
19 minister, and so it would be a considerable overreach  
20 for the Executive to direct the individual ministers'  
21 officials or to seek to influence those officials as  
22 they would bring their recommendations forward.

23 Also, in terms of managing the health elements of  
24 the pandemic, the health minister, as with the Executive  
25 more widely, on the particular health elements would

33

1 imagine that had Executive colleagues tried to direct  
2 the health minister on issues around care homes, there  
3 would have been very similar, if not more robust  
4 push-back.

5 The situation, if I may --

6 **Q.** But I just wanted to say, in terms of the ECT, that was  
7 in December. Your statement's talking about from the  
8 outset.

9 **A.** Yes, I realise the difference in time. The analogy that  
10 I'm drawing or the point that I'm drawing out is the  
11 degree to which there was resistance to that engagement  
12 and at cross-departmental level.

13 The situation with care homes would have been  
14 analogous to my responsibilities within the prison  
15 system. So I had sole responsibility for  
16 decision-making in terms of protecting those committed  
17 to my care in the prisons --

18 **Q.** Mrs Long, can I please bring you back onto care homes.  
19 I understand perfectly the analogy that you're drawing,  
20 I just want to talk about --

21 **A.** Well, it is essential because I would not have been able  
22 to make the decisions I did, with the speed with which  
23 I made them, had I had to bring each of those decisions  
24 to the dysfunctional Executive that you exposed earlier  
25 in this conversation.

35

1 have been entirely reliant on the same advice, which  
2 would have been the CMO, the CSA and the PHA --

3 **Q.** Yes, but --

4 **A.** -- so we would not have had a separate or alternative  
5 set of advices that were being provided to us, and  
6 therefore I don't think it would have been possible.

7 I --

8 **Q.** I just want to pick up on one point you said earlier on,  
9 it would have been a "considerable overreach". If the  
10 Executive had considered that the situation was so bad  
11 in care homes during a pandemic, are you suggesting that  
12 they couldn't have considered it was significant and  
13 therefore it would fall to the Executive? That wouldn't  
14 be an overreach, would it?

15 **A.** Well, significant in the terms of the legislation is  
16 a high bar, and similarly cross-cutting, has to engage  
17 another department, and so I think that to have met that  
18 requirement would have required a degree of co-operation  
19 with the Department of Health that may not have been  
20 available.

21 I would draw your attention, for example, to the  
22 point where the Executive Covid Taskforce was first  
23 introduced and the resistance expressed on that occasion  
24 by the potential for duplication or interference in the  
25 health minister's remit at that time. So I would

34

1 So I was able to act at speed, in line with the  
2 advice and guidance that I was receiving from my  
3 officials, in a way that prevented a single death in the  
4 prison system in Northern Ireland, in contrast to almost  
5 every other jurisdiction. But had I had to bring that  
6 through Executive and get, for example, cross-community  
7 support for every single decision, we would not have  
8 been able to act as swiftly and effectively.

9 So I could understand the rationale for allowing  
10 ministers within their own remit to be able to act with  
11 a degree of independence. It is a fundamental part of  
12 the structure of Northern Ireland Government that  
13 ministers have a degree of autonomy within their own  
14 departments, and to have breached that in a context  
15 where the Executive was not functioning well, and in the  
16 early days where there were strains between ministers,  
17 I think would have been incredibly difficult.

18 **Q.** But there may be times -- well, I won't get into the  
19 hypotheticals.

20 It's true that the Executive didn't get to the point  
21 where it then tried to direct, it didn't get to the  
22 point --

23 **A.** No.

24 **Q.** -- where it considered that the significant or the  
25 cross-cutting stage had been reached where it needed to

36

1 then take a decision in relation to care homes; is that  
 2 right?  
 3 **A.** That is correct. We probed the decision-making, we  
 4 asked questions, we sought more information, with the  
 5 intent, I think, to be able to provide constructive  
 6 input.  
 7 I believe that the work that I did in prisons could  
 8 have had a positive impact on the handling in care  
 9 homes. So, for example, when people were released from  
 10 hospital directly to care homes without a step-down  
 11 facility, this was an issue that was raised at Executive  
 12 and there was a conversation that a step-down facility  
 13 would be sought, potentially a hotel where people would  
 14 move for a period. Within prisons, we quarantined all  
 15 new committals for 14 days to ensure that anyone  
 16 arriving in prison did not enter the general population  
 17 until such times as they were symptom-free or  
 18 Covid-free.  
 19 And I believe that that learning that we had, which  
 20 I shared with Executive, would have been useful in terms  
 21 of managing the care home situation. But it was  
 22 a matter for the Department of Health how they opted to  
 23 implement that.

24 **Q.** Thank you.  
 25 I just want to take another point in your statement.

37

1 to excess deaths, it became difficult to get people to  
 2 look at a compromise when they were being told by the  
 3 CMO that that compromise could lead to excess deaths.  
 4 What wasn't reflected, perhaps, was that the number of  
 5 excess deaths from the compromise would be less than if  
 6 we agreed nothing at all, which was the point that I was  
 7 trying to drive home.

8 By telling ministers, who were under extraordinary  
 9 pressure -- I mean, this was a low point for the  
 10 Executive, it was a low point for me in the Executive,  
 11 and to tell ministers who were, for whatever reason,  
 12 struggling with these decisions that to do -- to make  
 13 these choices would lead to people dying, which we were  
 14 already aware of in the most simplest terms, but to be  
 15 told it by the CMO meant that other ministers who may  
 16 have been willing to vote for a compromise then made  
 17 clear that they would not do so, on the basis of that  
 18 specific advice.

19 So it went from us seeking to find a compromise that  
 20 would allow us to do better than the inevitable  
 21 consequence of no decision, but wasn't going to be as  
 22 good as the original recommendation.

23 **Q.** At that time, Sir David Sterling had retired about  
 24 three months beforehand. Do you think that in the  
 25 run-up to 9 November, in and around the meeting of

39

1 This is -- we'll have it up on-screen --  
 2 INQ000436642, and it's page 28, paragraph 123.

3 This is on the topic of your view of the  
 4 relationship between the Executive and, in this case,  
 5 the health minister.

6 So this is at the time of the meeting of 9 November  
 7 that then ran through until 12 November. You set out  
 8 there that:

9 "... the Health Minister maintained the advice  
 10 remained unchanged ... so any compromise ... would have  
 11 to come from elsewhere."

12 You say:

13 "The CMO ... stated during the course of the meeting  
 14 that any alternative approach would lead to additional  
 15 excess deaths, which further raised the stakes ..."

16 Could you expand a little bit about what you mean by  
 17 the actions of the CMO raising the stakes in that  
 18 meeting?

19 **A.** So I had tried repeatedly to seek a consensus. When the  
 20 DUP made clear they would not support the health  
 21 minister's recommendations as produced, the alternatives  
 22 available to us were to agree a compromise or to allow  
 23 all of the restrictions to fall at the end of the week.

24 So whilst I understood the CMO was saying that  
 25 anything short of what they had recommended could lead

38

1 9 November that ran through from the 9th to the 12th, do  
 2 you think an experienced head of the Civil Service, with  
 3 the ability to deploy soft power, as we have been  
 4 hearing, do you think that would have helped matters in  
 5 and around 9 November?

6 **A.** I'm not sure, because I think people had become very  
 7 entrenched. They had taken public positions, the point  
 8 I made earlier. If we go into Executive having  
 9 established a public position, there is then very little  
 10 room for manoeuvre at the Executive table. So people  
 11 had taken very public positions, became very entrenched,  
 12 and I'm not sure that any of the soft power in the world  
 13 was really going to move things.

14 **Q.** But this was a slow burn situation. If people had been  
 15 taking public positions, the rates had been building, it  
 16 was reaching almost a crescendo, and so maybe at an  
 17 earlier stage there would have been a benefit?

18 **A.** Perhaps. As I say, I can't deny that that might have  
 19 been the case, but the trajectory and the tone of the  
 20 meetings by this point this shifted significantly.  
 21 People were very determined to hold to a position.

22 Not all people. I, on this occasion, worked very  
 23 closely with Executive colleagues, particularly with  
 24 Minister Dodds. I presented a paper to her and asked if  
 25 she would table it, because if I tabled it I knew that

40

1 the DUP would dismiss it, but if their colleague tabled  
2 it they may consider it, and she did. So I then  
3 withdrew my paper, which was the fallback position -- so  
4 hers was slightly tweaked -- I withdrew my paper to  
5 allow hers to be taken first, in the hope that that  
6 would get us to consensus.

7 So would a civil servant perhaps have been doing  
8 that tick-tack in the background? Potentially. But my  
9 experience, bluntly, was that at the times where we had  
10 strong leadership in the Civil Service myself and  
11 Minister Mallon, both of whom bent over backwards to try  
12 to find consensus, were actually excluded from the  
13 conversation.

14 So it's hard, given that experience, for me to see  
15 that it would have led to better outcomes.

16 **Q.** Can I move to a completely different topic, and this is  
17 part of your responsibility as the justice minister.

18 My Lady, this is a topic that might be of some  
19 sensitivity. I just hope to avoid upsetting anyone, but  
20 I just want people to be aware it's about the management  
21 of the deceased.

22 That was a topic that fell within the Department of  
23 Justice's remit, and one aspect was about responsibility  
24 for planning and delivering a facility for the  
25 management; is that correct?

41

1 **A.** At that stage we knew -- first of all, we had identified  
2 the sectoral weaknesses. So within Northern Ireland  
3 there was only one crematorium. It was operated by  
4 seven members of staff, but I think only one or two of  
5 them were able to actually operate the crematorium  
6 itself. So we knew there was a vulnerability.

7 We had also been liaising with the Department of  
8 Health about the reasonable worst-case scenario and what  
9 that might look like in terms of the system becoming  
10 overwhelmed, and the degree of storage capacity that  
11 would be required in any resting place facility.

12 We were conscious of some of the images that had  
13 been broadcast both in China and in Italy of bodies  
14 being put into mass graves, of bodies being laid outside  
15 hospitals in piles, and we didn't want to run the risk  
16 of any family in Northern Ireland having to deal with  
17 that situation.

18 At the time when I -- it would have been February  
19 when I was, I think, first briefed on this. By March we  
20 were seeking to establish a location for this, which was  
21 ultimately a section of Kinnegar army barracks.

22 **Q.** Did that in itself cause difficulties?

23 **A.** No, it didn't. It caused sensitivities, which had to be  
24 carefully managed, but there was no objection to the  
25 site within the Executive.

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1 **A.** That's correct.

2 **Q.** Again, I don't want to be insensitive, but matters about  
3 the management of the bodies of the deceased was  
4 actually part of the Department of Health's  
5 responsibility, not the justice department; is that  
6 correct?

7 **A.** That is correct, although it would be fair to say that  
8 the systems that were put in place at what became known  
9 as the Northern Ireland Temporary Resting Place, in the  
10 end were managed by PSNI officers who had experience of  
11 large-scale death management in crisis situations.

12 **Q.** I just want to talk about the planning that gets us to  
13 that point. That became known as Project Dignity, if  
14 I'm right?

15 **A.** Yes.

16 **Q.** The Inquiry's seen on a number of occasions a table of  
17 non-health sectoral forms. I'm not going to take  
18 anybody to that, but there's no reference on that table  
19 on 13 March to the management of excess deaths or  
20 Project Dignity in the Department of Justice section of  
21 that table.

22 Had planning commenced on that by 13 March 2020, to  
23 your knowledge?

24 **A.** Yes.

25 **Q.** How far advanced was that planning?

42

1 So we had a very constructive relationship with the  
2 MoD, and with the 38th (Irish) head of service here.  
3 They offered us a site which was secluded, not visible  
4 from main roads, so it would offer a degree of privacy  
5 and dignity to families. They also offered us a portion  
6 of ground which was not -- which had no military  
7 trappings, because that would be a sensitivity for some  
8 parts of our community in Northern Ireland, and I was  
9 able to reassure Executive colleagues when we sought the  
10 MACA, the military assistance for civil authority  
11 arrangement, that that would be the case, and that  
12 families arriving, bereaved families arriving would have  
13 dignity, that there would be space for them to be able  
14 to have religious counselling, other counselling and  
15 support, and also to be able to spend time with the  
16 deceased, but that there would be no trappings around  
17 the building that would cause people any discomfort.  
18 And we spent some time thinking that through, and  
19 ensuring that there were no objections.

20 So I had no difficulty from Executive colleagues in  
21 terms of any objections to that, and we did -- we were  
22 very conscious of the sensitivities of it and took that  
23 into account in any of the conversations.

24 **Q.** Can I just ask, then, given all that planning that had  
25 taken place about the sensitivities, what consideration

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1 was given when the regulations came in on 28 March 2020,  
2 before they were made, to ensuring that there was  
3 maintenance of that dignity and respect in terms of  
4 funerals, the ability to visit grave sites? And if  
5 there wasn't such consideration, should such  
6 consideration have been given?

7 **A.** There was considerable consideration given to that. So  
8 one of the first things that we -- I mean, obviously we  
9 were not responsible for the management of graveyards,  
10 so graveyards were managed by either churches, where  
11 they were part of the church estate, or by local  
12 councils, and we liaised with local councils around some  
13 of these issues.

14 The issue of graveyards was incredibly sensitive,  
15 and, I mean, I just want to reflect, if I may, on that,  
16 because it's something that I was sensitive with --

17 **Q.** Can I just make sure that we're talking about the same  
18 time period. I'm focusing on prior to the regulations  
19 being made, rather than any amendments afterwards.

20 **A.** No, I mean, it was something that we were conscious of,  
21 so things like the necessity of PPE, the need for grief  
22 and bereavement issues were things that were considered  
23 but would not all have been the responsibility of the  
24 Department of Justice. Our responsibility was the  
25 management of excess deaths and the contingency

45

1 **Q.** -- do you think that there was -- that the regulations  
2 were properly drawn as of 28 March 2020 and took into  
3 account sufficiently all of those factors that you set  
4 out about the specific circumstances of funerals and  
5 deaths in Northern Ireland?

6 **A.** It's very difficult to say, because I have the benefit  
7 of hindsight, and that's an advantage I didn't have at  
8 the time. Graveyards were not the peaceful, tranquil  
9 places that we know them as today.

10 At that stage, we had, for example, large numbers of  
11 graves that had been opened in advance in case the death  
12 toll would rise and those graves needed to be available,  
13 so there were diggers and heavy machinery in graveyards  
14 digging graves. People were not sure whether Covid  
15 would be spread by the bodies themselves, and therefore  
16 we had people in full PPE presiding over funerals and  
17 over burials, and that in itself was an incredibly  
18 stressful and distressing experience.

19 Do I understand the sensitivity of asking people to  
20 abandon the normal rites, the normal processes around  
21 grief and loss? Absolutely. Was there an obvious and  
22 better way at that point in time and in light of what we  
23 knew? I'm not sure.

24 And I'll give an example where this became  
25 a tension, because it perhaps explains where we were

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1 arrangement, so it was a very specific responsibility,  
2 and we did consider issues around dignity and burial.

3 I raised the issue, for example, of how we would  
4 communicate in Northern Ireland, where, first of all,  
5 burials usually happen very swiftly, within two to  
6 three days. That was going to shift dramatically and  
7 people's expectations would change. For example, it  
8 would be quite abnormal in Northern Ireland for people  
9 to return to work between the death of a relative and  
10 their funeral. That would not be the case in other  
11 parts of the UK. Also the rituals around death are  
12 quite different here. So, for example, it is quite  
13 typical for people to have a wake for the dead, where  
14 family, friends, colleagues will come to the house and  
15 spend time with the family, and that was not going to be  
16 possible.

17 So we tried to communicate that and I made  
18 a statement to the Assembly around the sensitivities of  
19 this quite early in the pandemic to set out my concerns.

20 **Q.** Let me try to wrap this up --

21 **A.** Okay.

22 **Q.** -- with one final question: for you as a minister,  
23 rather than the Department of Justice as --  
24 consideration as a whole --

25 **A.** Yeah.

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1 coming from.

2 We reached a point where there were only a small  
3 number of people allowed at the graveside, and then we  
4 talked about opening graveyards up for individuals to  
5 come to visit graves.

6 At the same time a conversation was being had in the  
7 Executive about enforcement and how we needed to step  
8 that up, and one of the points that I made was: how do  
9 you distinguish between the small number at the  
10 graveside and other individuals who are attending  
11 neighbouring graves, graves in the -- or who are part of  
12 a larger group from that family but standing at some  
13 distance? And did it matter, was the other question  
14 that I raised. Was it a risk for people to be 5 metres  
15 apart but closer to the grave?

16 In the case of the crematorium it did matter that  
17 people were not able to enter the crematorium, because  
18 we were trying to protect the staff. In terms of the  
19 graveyards themselves, I think less so.

20 But again, we were being strongly advised that if we  
21 were to open up those flexibilities, that they would  
22 lead to other unforeseen consequences in terms of other  
23 open spaces, gatherings. When people go to the grave  
24 they congregate at the top when they're filling their  
25 vase with water for flowers, they talk, they do all the

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1 things that we had been saying people shouldn't be  
2 doing.

3 So it was -- it was an incredibly difficult  
4 decision. Both my parents died in March, so it was at  
5 the start of the pandemic, and I wasn't able to attend  
6 their graves to remember, and that is difficult. That  
7 is difficult. So I appreciate that it was a lot to ask,  
8 and with the benefit of hindsight I don't know how much  
9 of a contribution it would have made to protecting  
10 people from Covid, but we didn't have that benefit of  
11 hindsight.

12 **MR SCOTT:** Thank you, Mrs Long.

13 Thank you, my Lady.

14 **LADY HALLETT:** Thank you, Mr Scott.

15 It's Mr Wilcock.

16 **Questions from MR WILCOCK KC**

17 **MR WILCOCK:** Mrs Long, I ask you questions on behalf of the  
18 Northern Ireland Covid Bereaved Families for Justice.

19 On the topic you've just been discussing, and  
20 I don't want to dwell on it any longer than I have to  
21 because it is very upsetting for you and everyone else,  
22 I'm just not clear: you'd explained how your specific  
23 responsibility within the department was for the --  
24 delivering a facility for the management of excess  
25 deaths and contingency planning and how there were other  
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1 This is a letter you wrote to all your Executive  
2 colleagues on 13 March 2020. And if we look in the  
3 second paragraph very quickly, we can see that you spoke  
4 of the difficulties you told us about this morning, the  
5 obvious difficulties to anyone who lives here caused by  
6 any divergence between the UK and the  
7 Republic of Ireland. All right?

8 But in the next paragraph you go on to say that:

9 "The danger with such confusion [referring to what  
10 I've just been talking about] or perceived conflict  
11 between ministers and the advice of the Chief Medical  
12 Officer is that people may ignore the core advice of the  
13 CMO and the risk of transmission will actually increase.  
14 A united, joined-up Executive response is, in my view,  
15 most likely to reassure the public and effect compliance  
16 with any measures being introduced."

17 This is what you were writing as early as 13 March,  
18 but that joined-up Executive response should have been  
19 obviously fundamental to anyone in government, shouldn't  
20 it?

21 **A.** I believe so, but as we've reflected, this happened  
22 during a week -- well, first of all, it happened during  
23 a week when I had been diagnosed with Covid, so on the  
24 10th, I was not at the Executive meeting that took  
25 place.

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1 bodies such as the PSNI, graveyards and churches  
2 involved.

3 In relation to the specific upsetting topics that  
4 you've talked about, about the use of PPE and sealed  
5 body bags, et cetera, was that a decision made by the  
6 Department of Justice for the reasons you've outlined,  
7 or was it a decision made by someone else for the  
8 reasons you've outlined?

9 **A.** It was a decision informed by the Department of Health,  
10 and so we worked with the Public Health Agency and  
11 others. And there was a concern that bodily fluids and  
12 skin-to-skin touch could contribute to Covid spread, and  
13 therefore to protect those who were involved in the  
14 funeral and death management processes, they were issued  
15 with PPE.

16 There was also an additional layer in that councils  
17 had a duty to protect their staff and therefore were  
18 looking as to how they could protect their staff from  
19 any potential infection, because obviously the worst  
20 outcome that we could envisage was that we would have  
21 large numbers of grave diggers, or indeed the people who  
22 operated the crematorium, ill with Covid and unable to  
23 actually deliver a timely burial or interment.

24 **Q.** Thank you very much. Can I move to a different topic.  
25 Could we have please on screen INQ000409337, please.  
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1 By the 13th, via the media, I had picked up on the  
2 fact that there had been various ministers, particularly  
3 the deputy First Minister then, briefing that we should  
4 close schools immediately. My concern --

5 **Q.** Mrs Long, may I interrupt you for time purposes only?  
6 I'm not criticising you writing the letter, and we have  
7 been over the issues that happened on the 12th. I was  
8 really asking you that by way of introduction to my next  
9 question.

10 **A.** Could I make one point?

11 **Q.** Yes, of course you can if you want to.

12 **A.** Both SAGE and the World Health Organization stressed  
13 that coherent messaging, cohesion around what we were  
14 doing, but also not just taking decisions that were  
15 clear but explaining those decisions to the public was  
16 critical in terms of people being willing to comply, and  
17 I think that this was my concern, that we were not in  
18 that space.

19 **Q.** Understood.

20 Would you agree, however, that the confusion or the  
21 perceived conflict within the Executive is, as you've  
22 described in this letter, in spite of the warnings in  
23 the letter, too often on display in the Executive's  
24 public response to the public health emergency?

25 **A.** Yes.

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1 **Q.** And do you also agree that, as well as making it, to use  
2 your words in the letter "very hard for normal people to  
3 work out if they were abiding by the rules, which rules  
4 they were abiding by", this inconsistent messaging  
5 increasingly fuelled the political tension and  
6 disagreement you've told us about this morning and  
7 hindered the implementation and enforcement of  
8 restrictions, thereby creating a negative impact again  
9 on public trust and confidence?

10 **A.** I think in the immediate aftermath of my letter, we went  
11 through a period where things improved somewhat. So  
12 I think as we -- as the restrictions were implemented,  
13 there was more cohesion around the Executive -- the  
14 First and deputy First Minister were making joint press  
15 conferences and so on. But I think with the  
16 Bobby Storey funeral and others, that was lost, and  
17 I think it was never fully regained.

18 I think tensions increased quite significantly as we  
19 moved out of the restrictions, in terms of how we would  
20 do that, and some ministers took those tensions public  
21 and made it very difficult for the public to have,  
22 I think, full confidence in the Executive in that  
23 different ministers seemed to take a very different  
24 approach and yet claimed it was based on the same  
25 advice.

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1 deputy First Minister rejected any criticism of her  
2 action and didn't actually, until 9 September, publicly  
3 express regret that the public health message had been  
4 undermined in the way you've described; is that right?

5 **A.** That is correct. It also created significant tension  
6 within the Executive. Minister Poots lost his father  
7 during Covid, and only six members of his family were  
8 able to attend the grave. His father had been  
9 a long-standing political representative and would  
10 otherwise probably have had a considerable funeral. And  
11 I think at a personal level, Edwin openly expressed the  
12 distress and the hurt and pain it had caused him and his  
13 family, and that was replicated right throughout the  
14 community.

15 One of my constituents was the family who  
16 immediately preceded at the crematorium Bobby Storey's  
17 cremation, and they had to leave. They had to turn at  
18 the gate and watch the hearse drive away with their  
19 loved one inside and go home. For the next cremation to  
20 have people present on the grounds of the graveyard was  
21 incredibly distressing for them, and that was, as I say,  
22 multiplied right across the community.

23 **MR WILCOCK:** Thank you very much, Mrs Long.

24 **LADY HALLETT:** Thank you, Mr Wilcock.

25 Thank you very much indeed for your help, Mrs Long.

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1 **Q.** One of the reasons -- you mentioned Mr Storey's funeral.  
2 One of the reasons that led to the loss of public  
3 confidence was because the joint press conferences that  
4 had worked before were stopped for a period of time  
5 thereafter.

6 **A.** I think those joint press conferences were very  
7 powerful, given what we've talked about in terms of the  
8 divisions between parties. That sense of unity of  
9 purpose was quite important in terms of maintaining  
10 public adherence.

11 I also think that it undermined people's confidence  
12 at another more fundamental level in that if the people  
13 who were making the rules did not themselves adhere to  
14 the rules, it raised the question as to whether or not  
15 they truly believed what they were trying to achieve,  
16 and I think that that undermined the sense of  
17 exceptionalism. And Bobby Storey funeral is one  
18 example, very clear local example, but there were lots  
19 of other public examples of politicians who appeared to  
20 say one thing and do another, and I think over a period  
21 of time, that eroded public confidence in their  
22 politicians but actually also in the advice and the  
23 guidance and the regulations themselves.

24 **Q.** I think it's right, isn't it, that in the immediate  
25 aftermath of the funeral, the public statements of the

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1 I'm very grateful.

2 **THE WITNESS:** Thank you.

3 **(The witness withdrew)**

4 **LADY HALLETT:** I think there may be some people who ought to  
5 think about getting some support during the break, so  
6 I shall take a longer break, and I shall return at  
7 11.40.

8 **(11.21 am)**

9 **(A short break)**

10 **(11.40 am)**

11 **LADY HALLETT:** Mr Scott.

12 **MR SCOTT:** My Lady, may we call Edwin Poots.

13 **MR EDWIN POOTS (affirmed)**

14 **Questions from COUNSEL TO THE INQUIRY**

15 **LADY HALLETT:** I hope we haven't kept you waiting too long.

16 **THE WITNESS:** Not at all. Should I stand, by the way?

17 **MR SCOTT:** No. I was just checking the timings.

18 Would you please provide your full name.

19 **A.** Edwin Cecil Poots.

20 **Q.** Thank you, Mr Poots. Thank you for the assistance you  
21 have provided to the Inquiry. In terms of assisting the  
22 stenographer, can I ask you to keep your voice up and  
23 speak relatively slowly so the stenographer can keep  
24 a track of us.

25 You provided a witness statement dated 6 March 2024,

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1 that's there on the screen, and your signature and  
 2 statement of truth is at page 40. Can you confirm that  
 3 the contents of that statement are true?  
 4 **A.** Yes.  
 5 **Q.** Are you content to rely on that as evidence to  
 6 the Inquiry?  
 7 **A.** Yes.  
 8 **Q.** If I can just summarise your political career first,  
 9 please, Mr Poots, as far as is relevant to the Inquiry.  
 10 You were first elected as a member of the  
 11 Legislative Assembly in 1998 and most recently were  
 12 elected as the Speaker of the Northern Ireland Assembly  
 13 on 3 February 2024. You have held a number of  
 14 ministerial positions during your career, including  
 15 minister of culture, arts and leisure from 2007 to 2008,  
 16 minister for the environment between 2009 and 2011, and  
 17 minister of the Department of Health, Social Services  
 18 and Public Safety -- it says in your statement from  
 19 2010, but that should be from 2011.  
 20 **A.** 2011 to 2014.  
 21 **Q.** Yes. And in terms of the period that this module of the  
 22 Inquiry is considering, you were the minister of  
 23 agriculture, environment and rural affairs from  
 24 January 2020 to October 2022, although there was  
 25 a temporary break for personal reasons between

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1 a considerably lower level than they are now, so  
 2 whenever I left office in September 2014, the figures  
 3 are dramatically lower than they are today.  
 4 Over the intervening period, Michelle O'Neill was --  
 5 became health minister in 2016 and stood down from that  
 6 some I think it was eight months later, whenever  
 7 Martin McGuinness resigned, and over that three years,  
 8 the period of deterioration that took place under the  
 9 Civil Service was quite incredible.  
 10 **Q.** Just to clarify then, at that point in those three  
 11 years, there was no health minister in place --  
 12 **A.** There was no health minister in place, and if you look  
 13 at the statistics for waiting times in particular, they  
 14 rose rapidly. So the health service was already in  
 15 a compromised state because of a lack of leadership and  
 16 decision-making.  
 17 **Q.** I just want to ask you, you set out in your statement --  
 18 I wasn't proposing to put it on screen, but I can if you  
 19 wish -- your personal experiences of loss and of the  
 20 healthcare during the pandemic.  
 21 Did those personal experiences impact upon the way  
 22 you perceived the response to the pandemic?  
 23 **A.** Very much so. And, you know, I went through that  
 24 personal experience of my father becoming unwell,  
 25 calling the ambulance, having them take him to hospital,

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1 2 February 2021 and 8 March 2021.  
 2 **A.** Correct.  
 3 **Q.** And you were also leader of the Democratic Unionist  
 4 Party in May and June 2021.  
 5 **A.** Yeah.  
 6 **Q.** I want to start, please, with your view, given your  
 7 background as being a health minister from 2011 to 2014,  
 8 of why you believe, as you set out in your statement,  
 9 the health service in Northern Ireland was in a greatly  
 10 undermined state prior to 2020.  
 11 **A.** When I took over the role of health minister -- I think  
 12 everybody who takes over the role of health minister,  
 13 it's a difficult time, and we took it over at a  
 14 difficult time and faced many challenges, but within  
 15 those challenges we also had many success stories. And,  
 16 for example, we created the first North/South facility  
 17 for cancer care at Altnagelvin. We introduced bowel  
 18 screening for cancer. We introduced new equipment to  
 19 the cancer centre at Belfast City Hospital. And amongst  
 20 a series of other things, we were providing cochlear  
 21 implants for children for the first time, diabetic pumps  
 22 and so forth. So there was a course of work that we  
 23 achieved over that period of time which made real  
 24 life-changing differences.  
 25 We also managed to maintain waiting lists at

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1 and the ambulance was all geared up with all of their  
 2 equipment and so forth. And we followed the ambulance  
 3 down to the Ulster hospital, and my father went in on  
 4 the trolley --  
 5 **Q.** I should just say, Mr Poots, I don't want you to say  
 6 anything that you don't want to say or give too much  
 7 personal detail --  
 8 **A.** No, it's okay. I wasn't allowed to see him again until  
 9 he was close to dying, and that's an experience that  
 10 thousands of families had. It was an awful experience,  
 11 and that was imposed as a result of the Covid-19  
 12 regulations. And thousands of families across the  
 13 province weren't able to be there with their loved ones  
 14 whenever they needed them most.  
 15 **Q.** Do you mind me asking which month that was?  
 16 **A.** That was in March, or April rather.  
 17 **Q.** April 2020?  
 18 **A.** April 2020.  
 19 **Q.** Did those experiences in April 2020 impact upon the way  
 20 that you perceived the effect of those regulations and  
 21 restrictions and the approach to healthcare during the  
 22 pandemic?  
 23 **A.** Very much so. And I would have seen things like banning  
 24 people from going to graveyards as being wholly  
 25 ineffective in terms of saving lives, but utterly cruel

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1 in terms of how they affected the relatives of the  
2 deceased, particularly recently deceased. And it's  
3 something that's important to many people, to be able to  
4 go to the grave of a loved one, but we, the government,  
5 banned people from doing that, and I didn't see any  
6 benefits whatsoever in terms of the fight against Covid  
7 in doing that.

8 **Q.** I know you're emotional, Mr Poots. If I could just ask  
9 you to keep your voice up a little bit to make sure --

10 **A.** Sure.

11 **Q.** In terms of the regulations that were then made at the  
12 end of March 2020, did you have any input into the  
13 content of those regulations?

14 **A.** I was -- I was in a position the same as everybody else,  
15 that we were entering the unknown, and therefore I was  
16 supportive of the regulations that were being introduced  
17 because we needed to take time to get a handle on how  
18 Covid-19 was going to affect the wider public in  
19 Northern Ireland. We were observing what was going on  
20 in the rest of the world. We obviously had all of the  
21 television footage of what was going on in Italy, which  
22 was going through an awful period of time, so I was  
23 entirely supportive of the regulations as they were  
24 introduced at that time.

25 **Q.** Do you think more should have been done to make -- at

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1 that there was sufficient democratic scrutiny of the  
2 regulations when they were first made on 28 March and  
3 then subsequently?

4 **A.** I think the fact that the Assembly at the early point  
5 gave the go-ahead for the health minister to make  
6 regulations and then scrutinise them afterwards didn't  
7 give the democratic scrutiny because the decision was  
8 already made, and therefore the regulations were  
9 coming weeks after the decision to implement them, and  
10 it was carried out, so I think that the democratic  
11 scrutiny function was deficient.

12 **Q.** Do you think that there might have been an alternative  
13 route to democratic scrutiny. Because you were  
14 a power-sharing arrangement of five parties, you  
15 represent, I think it's some statistic, about 98% or  
16 something of the entire population of Northern Ireland.  
17 Do you think that there was maybe an element of  
18 democratic scrutiny that way, even though it hadn't been  
19 through the Assembly?

20 **A.** Well, in a sense, there is, but essentially the role of  
21 the Executive and the role of the legislature should  
22 always be separated, and it's the role of the  
23 legislature to test the Executive in terms of their  
24 decision-making, and that's something that I've always  
25 cherished, even as a minister, that people have

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1 that time rather than in April, do you think more should  
2 have been done to maintain access to graveyards and to  
3 maintain the ability to conduct funerals?

4 **A.** I think at that time it was difficult because we didn't  
5 know just how bad things were going to be. You know, as  
6 it transpired in Covid, we became aware relatively  
7 quickly that this was something which didn't severely  
8 impact the under 60 year olds who didn't have other  
9 vulnerabilities. So I think that at that early stage,  
10 we needed to do what we done. But I think then after  
11 that, we had the opportunity to consider things a bit  
12 differently and perhaps look at things differently, in  
13 terms of just lockdown as being the only way forward.

14 **Q.** Because at that stage, you were to use the term  
15 "following the science" because you didn't have much  
16 understanding personally about Covid-19, how it  
17 transmitted, any of those issues; is that right?

18 **A.** Everybody was new to this. Obviously, epidemiologists  
19 have studied, you know, various transmissible diseases  
20 that have come forward previously, and they had a level  
21 of expertise that nobody else had, and we were heavily  
22 reliant upon the medical advice that we were receiving.

23 **Q.** I don't know whether this will cause you any  
24 difficulties, given your role as Speaker of the  
25 Northern Ireland Assembly at the moment. Do you think

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1 challenged me about my decisions. And I think that's  
2 important that that rule that the Assembly member or  
3 parliamentarian has representing the constituents that  
4 they serve to seek to ensure that the Executive are  
5 carrying out their role in an appropriate manner.

6 **Q.** In terms of the limits of power, you say in your  
7 statement that:

8 "The power vested in the Department of Health  
9 minister, CMO and CSA was quite incredible. They needed  
10 neither the Executive nor the Assembly to introduce  
11 punitive regulations without recourse to others."

12 As the Executive, surely those decisions were  
13 a matter for you rather than a matter for the Department  
14 of Health taken individually?

15 **A.** Not as the Assembly gives the authority to the  
16 Department of Health. So *de facto* the health minister  
17 brought everything to the Executive, but *de jure* didn't  
18 have to.

19 **Q.** Why do you think he did that?

20 **A.** Well, it gave him political cover for very difficult  
21 decisions, and in most instances, he got through what he  
22 was wishing to get through. I'm sure we'll come on to  
23 later some of those decisions being challenged. But in  
24 most instances, he got what he was wishing to do,  
25 without doing solo runs(?) or not, so it made sense for

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1 him to do it that way.

2 **Q.** Well, surely it was the best thing to do, to bring it to  
3 the Executive --

4 **A.** Absolutely.

5 **Q.** -- for the Executive's consideration?

6 **A.** Absolutely, but he didn't have to. He did, but he  
7 didn't have to is what I'm saying.

8 **Q.** One of the other points that you make is:  
9 "On a regular basis, the media ran proposals in  
10 advance of the Executive Committee which built  
11 a momentum for that proposal."

12 Could you expand a little bit about what you mean  
13 about that, please?

14 **A.** It was quite evident that, you know, the media were  
15 receiving leaks in advance of decisions being made, and  
16 the leaks were being presented in such a way that it was  
17 driving towards a particular direction for a decision to  
18 be made, and it was widely viewed that those leaks were  
19 coming not from the minister but from within the  
20 Department of Health.

21 **Q.** Why did you believe that?

22 **A.** Because the nature of what was coming out, no other  
23 department would have had that level of information.

24 **Q.** And what difficulties did that pose the Executive  
25 Committee at that time?

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1 **Q.** In terms of your ministerial constituency, is it right  
2 that you effectively have two: you have your  
3 constituency that elected you as an MLA; and then you  
4 have the entire population of Northern Ireland, whose  
5 interests you have to act in?

6 **A.** Correct.

7 **Q.** One of the other aspects that you touch upon in your  
8 statement is -- just let me get the reference.  
9 You say that -- and this is in relation to the  
10 Department of Health coverage, that:  
11 "Getting Executive buy-in was not necessary but gave  
12 the Health Minister political cover ... very often it  
13 was [the First Minister]/[deputy First Minister] who  
14 broke the bad news to the public of more restrictions.  
15 When there was more positive news, DoH put it out  
16 themselves."

17 Did you think that there was a breakdown between the  
18 Department of Health and, say, the First Minister and  
19 deputy First Minister about how public messaging and  
20 such issues were managed?

21 **A.** I don't think there was but, you know, it was noteworthy  
22 that whenever we had an Executive decision that was  
23 introducing more restrictions and more punitive things,  
24 it was always the First and deputy First Minister who  
25 fronted that up, but when there was more positive news

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1 **A.** It's not so much the difficulties. I just think that it  
2 would have been better had the facts been brought to the  
3 Executive first, as opposed to there being a public  
4 debate in advance of the Executive, and the public  
5 debates were very often framed by the media in the way  
6 that they wanted to do it.

7 **Q.** Is there a negative impact of a public debate between  
8 two ministers before a decision has been taken on the  
9 topic that they may be discussing?

10 **A.** In my view, yes.

11 **Q.** What would that negative impact be?

12 **A.** I think that whenever you come to the Executive to make  
13 decisions, you should come with a clean slate.

14 Now, I disagree with the civil servant who says you  
15 shouldn't take your constituents' views into  
16 consideration in those circumstances because we're there  
17 to represent constituents. We are public  
18 representatives. Our role is to represent the views of  
19 the public that we serve. The civil servants' role are  
20 public servants. Their job is to carry out what the  
21 public want them to carry out, and therefore to suggest  
22 that we should ignore what constituents want, whenever  
23 it comes to Executive decisions, is something which  
24 I think the Civil Service have lost the run of  
25 themselves, if that's what they think.

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1 coming out of the Department of Health, the minister may  
2 have utilised his own resources to get that information  
3 out.

4 **Q.** Did that lead to a breakdown in relationships between  
5 ministers and --

6 **A.** Not that -- not that I'm aware of.

7 **Q.** We've heard some evidence from Jenny Pyper in relation  
8 to the set-up of the Executive Covid Taskforce in  
9 December 2020, that that was at the instigation of the  
10 First and deputy First Minister --

11 **A.** Yeah.

12 **Q.** -- in terms of trying to have a little bit more  
13 control -- my terminology -- over what was coming out of  
14 the Department for Health.  
15 Was that your understanding of the reasons for the  
16 ECT being set up at that time?

17 **A.** Well, I certainly heard that, and I also note the  
18 Department of Health were a bit resistant to that being  
19 established, but also the Department for the Economy  
20 weren't wild keen about it either. So it ...

21 I think it was the Executive Office wanting to have  
22 a bit more control of the situation than perhaps they  
23 would otherwise.

24 The remarkable thing about the way the  
25 administration is established is that the ministers with

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1 the least power, in a sense, is the First and deputy  
2 First Minister because their areas of service is quite  
3 limited, they chair the Executive meetings, they have --  
4 they allow the agenda and so forth, so they have power  
5 in that sense, but when it comes to day-to-day  
6 decision-making, the rest of the ministers have far more  
7 opportunities to do things than the First and deputy  
8 First Minister.

9 **Q.** Do you think that would also apply equally to the head  
10 of the Civil Service, for example, not having the power  
11 to direct other permanent secretaries to allocate  
12 resources?

13 **A.** That is also the case. The head of Civil Service has --  
14 wouldn't have the same power as their equivalent at  
15 Westminster, for example.

16 **Q.** Is that -- I'm not making a value judgement -- is that  
17 a potentially negative effect of the way the  
18 power-sharing structures are designed and how they  
19 operate in a national health emergency, as opposed to  
20 when you're not in that setting and are performing the  
21 more normal roles?

22 **A.** The truth is that the structures that we have are not  
23 the most ideal structures, but they're structures that  
24 were established after 25 years of bloodshed, and,  
25 you know, they are just the structures that are

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1 approachable to the wider public.

2 **Q.** That takes me neatly on to another topic in terms of  
3 access to information, I think this morning described  
4 what you were discussing there as anecdotal evidence  
5 that ministers take in from constituents. That's not  
6 meant to diminish it, but it's just a -- putting  
7 a different term on it.

8 Do you think that you, as a minister, dealing with  
9 a public health matter which was not within the central  
10 remit of your department -- is that fair to say?

11 **A.** Mm-hm.

12 **Q.** Do you think that you had sufficient information of the  
13 wider societal and economic impacts of the restrictions  
14 that were imposed in response to the pandemic?

15 **A.** I think in terms of the information coming from the  
16 Executive, probably not. This was a health crisis, and  
17 it was led by the Department of Health, and their focus  
18 was Covid-19, and it was Covid-19 to the exclusion even  
19 of other health matters.

20 So, for example, over that period of time, there was  
21 over 25,000 breast screenings -- cancer breast  
22 screenings cancelled, nearly 94,000 bowel cancer  
23 screenings cancelled --

24 **Q.** Mr Poots, can I just say, there is a subsequent module  
25 which will deal with healthcare, and so I don't

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1 necessary to ensure that we don't -- that -- we have had  
2 a peaceful 27 or 8 years since that.

3 **Q.** But work can always be done in order to make sure that  
4 relationships are built. Do you think that more work  
5 could have been done between the departments to make  
6 sure that they were working together more collegiately  
7 or more effectively?

8 **A.** I suppose in everything, whenever the decisions are  
9 simple, it's easy to work together, whenever the  
10 decisions are more complicated and difficult, then  
11 people will tend to have their independent views. We  
12 obviously had some very challenging decisions to make.

13 And I'll just say this about Northern Ireland.  
14 We're a population of 1.9 million people, and we are  
15 much closer to the wider public than a Westminster  
16 government. So the public have a lot of direct access  
17 to me as a minister then they ever would have in,  
18 for example, a secretary of state who would be making  
19 decisions in the cabinet. And that does have a bearing,  
20 because whenever you're getting lots of phone calls from  
21 people about a whole range of issues, that would never  
22 happen with, you know, a member of the cabinet, because  
23 that access just wouldn't be available to them, and it  
24 is a consideration in how we do our business, is that we  
25 just -- you know, we're just much more available and

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1 necessarily want to blur the lines too much.

2 **A.** No, it's fair enough.

3 **Q.** But in relation to particularly social impact --

4 **A.** Yeah.

5 **Q.** -- do you think that you received enough information  
6 about, for example, older people or disabled people or  
7 the impact upon young people?

8 **A.** Whenever the Executive first sat, and that was in  
9 January 2020, they had decided that one of their  
10 priorities was going to be mental health. That,  
11 for example, was entirely obliterated and ignored  
12 throughout this crisis. We didn't take into account so  
13 many other things, and this was something which was  
14 raised by myself and others on a regular basis: the  
15 issues about domestic abuse, alcohol abuse -- alcoholism  
16 rose significantly -- young people and their mental  
17 health, and so many other societal issues. But the  
18 focus was almost entirely on our response to Covid-19,  
19 to the complete ignorance of everything else.

20 **Q.** Is that the focus that was driven by the Department of  
21 Health?

22 **A.** Yes.

23 **Q.** And do you think they got the balance wrong?

24 **A.** Yes.

25 **Q.** And do you think that there was more that you could have

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1 done as a minister to refocus that balance?

2 **A.** I think that I raised these issues on a very regular  
3 basis and, you know, I had no other mechanism to alter  
4 that.

5 **Q.** You say in your statement that, and I paraphrase  
6 slightly, please tell me if I've mischaracterised it,  
7 that as your understanding of the science improved, that  
8 you challenged the scientific advice that you were being  
9 provided by the CMO and the CSA to a greater extent.  
10 Does that reflect a change in approach from yourself  
11 from, say, March 2020 through to the summer and then the  
12 autumn of 2020?

13 **A.** Absolutely.

14 **Q.** Because you -- would you please describe what you  
15 believe should have happened -- and go back to February  
16 or January 2020 should you wish -- in terms of the  
17 Executive's response to the growing pandemic?

18 **A.** I think the initial response was the right response.  
19 I think if anything it should -- the lockdown should  
20 have happened more quickly. So we were -- we were  
21 largely waiting on what was happening with Her Majesty's  
22 Government.

23 **Q.** Do you think you could have moved quicker than --

24 **A.** No. No, we didn't have the wherewithal to do that, so  
25 had we organised a lockdown without having the backing

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1 taken, because we all knew that a lockdown was coming,  
2 but certainly in my role as DAERA minister, my work was  
3 preparing that department for what was coming our way.

4 And Northern Ireland is accountable for over 10% of  
5 the United Kingdom's food production. The  
6 United Kingdom is around two-thirds self-sufficient in  
7 food and, moving into the pandemic, it was absolutely  
8 critical that local food supply would continue, because  
9 you don't know what's going to happen in the rest of the  
10 world. So my focus was very much on ensuring that we  
11 were able to maintain a food chain. We're supplying  
12 around 20% of the UK's chicken, well into the teens in  
13 pork, around, over 10% in milk and beef. So, you know,  
14 our role in providing food for all of the people of the  
15 United Kingdom is a very critical role, and that was  
16 where my focus was on.

17 **Q.** I'm going to come back to some of those points, just  
18 deal very briefly with the food chain. Was there ever  
19 a cliff edge moment in terms of whether the food chain  
20 might have broken down between Great Britain and  
21 Northern Ireland?

22 **A.** We -- there was a number of areas. We were seriously  
23 concerned, first of all, of our ability to keep  
24 factories open, because factories were a place where,  
25 if -- you know, if this pandemic, if this Covid-19 could

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1 of the Treasury, we hadn't the financial capability to  
2 see that through, so we had to wait till Her Majesty's  
3 government moved. And, you know, frankly I think it was  
4 appalling that Cheltenham and all of those things were  
5 allowed to happen in advance of the lockdown happening.

6 Northern Ireland was slightly better off in that we  
7 were probably about two weeks behind the rest of the UK.  
8 London obviously as a hub, particularly Heathrow, was  
9 always going to have things a lot quicker than the  
10 outliers, as we would be in Northern Ireland.

11 **Q.** So at what point do you think Northern Ireland should  
12 have entered into a lockdown, if you believe it should  
13 have been earlier?

14 **A.** It probably wasn't -- wasn't going to be many weeks  
15 earlier, but certainly it probably could have been done  
16 the previous week.

17 **Q.** Did you push for an earlier lockdown?

18 **A.** No, because we didn't have the capability to carry that  
19 through.

20 **Q.** Did you seek to improve the capabilities in order to be  
21 able to carry out what you believe should have been  
22 carried out?

23 **A.** Well, our First and deputy First Minister, and indeed  
24 finance minister, you know, were engaging at that level  
25 with Westminster in terms of what steps needed to be

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1 spread asymptotically, you know, people are working  
2 pretty close together, there's a lot of water being  
3 sprayed and so forth, so there was a great opportunity  
4 for spread in those factories, so that was a really big  
5 concern.

6 The second thing that we had a real significant  
7 issue with was in the ferries, because it wasn't paying  
8 the ferries to keep operating, so there had to be  
9 financial support for the ferries to be able to continue  
10 to move goods.

11 **Q.** Where did that financial support come from?

12 **A.** The Treasury, and that was negotiated by the Department  
13 for Infrastructure.

14 **Q.** I just want to then come back a stage. I was asking you  
15 earlier on about being -- you have a couple of different  
16 constituencies, you have your local constituency, you  
17 have the entire population of Northern Ireland, you also  
18 have your departmental role, as you're identifying  
19 there. But they're not mutually exclusive, you may have  
20 been preparing for aspects within DAERA, but also if you  
21 did have that level of concern about the potential  
22 impact upon Northern Ireland as a whole, do you think  
23 you should have been pushing harder about what needed to  
24 be done at an early stage in March 2020?

25 **A.** Essentially we all have a collective responsibility.

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1 I don't think we, as a Northern Ireland Executive, could  
2 have moved ahead of the decision at Westminster. So we  
3 were waiting on the Johnson government to move, but,  
4 you know, most of us were wanting to move quickly, and  
5 of course we did respond immediately whenever that did  
6 happen.

7 **Q.** I just want to deal with some of the points that you  
8 make about moving earlier on.

9 And if we can have INQ000426982 -- this is your  
10 statement, Mr Poots -- page 25, paragraph 102.

11 I think it's important to use your words rather than  
12 my words.

13 Can we highlight paragraph 102 -- thank you very  
14 much.

15 So the point that I'm focusing on there is the  
16 fourth line up from the bottom, where you say:

17 "It transpired the greatest super spreader of  
18 Covid-19 was in fact the [Department of Health] with  
19 devastating consequences."

20 Could you please expand upon what you mean by that.

21 **A.** I think that the Department of Health followed the  
22 Department of Health in England and took a decision that  
23 we needed to have hospital beds ready for potentially  
24 an awful lot of people coming in, and in order to do  
25 that we needed to empty the hospital. And as former

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1 people from hospitals into a care facility, where  
2 there's other vulnerable elderly people, without having  
3 some form of quarantine in place, and ensuring that  
4 there's a separation between the people coming out of  
5 hospital into care, or indeed that these people have  
6 been tested, which they weren't.

7 **Q.** I just want to just focus a little bit about following  
8 the advice as opposed to the output.

9 Northern Ireland doesn't have anywhere near the same  
10 level of scientific advice, on a governmental scale --

11 **A.** No.

12 **Q.** -- that the United Kingdom does, so would it, with the  
13 knowledge that you have now, about SAGE and other  
14 structures, do you think it was realistically possible  
15 in March 2020 for the scientific advisers within the  
16 Department of Health to take a different view to that  
17 that was being advanced by SAGE or Westminster?

18 **A.** Yes. I think what I'm saying is common sense. And,  
19 you know, I also have an agricultural background, and  
20 what I learnt from my earliest days is prevention is  
21 better than cure, and in this instance -- you know, you  
22 would never put someone with pneumonia in with a sick  
23 patient because pneumonia spreads. Any of these  
24 diseases that can spread, you know, by air, you would  
25 never actually mix people like that. But the Department

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1 Minister of Health, I recognise that a hospital is one  
2 of the most dangerous places you can be, in terms of  
3 every infection is within a hospital, so the sooner you  
4 can get out of a hospital, the better, in normal  
5 circumstances, but that's to home.

6 In this instance, if Covid was going to be around,  
7 it was going to spread within a hospital environment;  
8 it's warm, there's lots of people moving about and all  
9 of that. And the fact that a lot of elderly people had  
10 Covid-19 in hospital should have come as no surprise to  
11 anyone, and therefore to move people directly from  
12 hospital to residential care or to nursing care homes  
13 without having any form of quarantine or any form of  
14 testing, in my view, was a reckless act.

15 **Q.** You said earlier on that you believed the Department of  
16 Health Northern Ireland was following the Department of  
17 Health and Social Care in Westminster. Are you critical  
18 of the Department of Health in Northern Ireland for  
19 following Westminster's approach on this topic?

20 **A.** Yes, I am.

21 **Q.** Why?

22 **A.** Because the evidence is there for everybody to see. And  
23 I know you can say, well, we have the benefit of  
24 hindsight, and we do, but a little foresight involved  
25 would have said: we should not be putting, you know,

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1 of Health took that decision to do that, and they done  
2 it on the basis of they're going to need all of this bed  
3 space.

4 Now, I indicated about my father being in hospital  
5 in April, the -- whenever we were allowed in at the very  
6 last, the hospital had very few people in it. So the  
7 urgency that was created to get all of these elderly  
8 people out of hospital and have these beds available,  
9 that didn't materialise, but what did materialise was  
10 that the nursing homes were left in an absolutely  
11 perilous state.

12 Now, my daughter was a student at the time and she  
13 worked in the nursing homes, and it was just awful,  
14 absolutely awful. Whenever she was coming home -- they  
15 were run ragged, they were wearing all of the equipment  
16 and all of the gear and all of that, and it was  
17 an horrendous experience for all of those people who  
18 were working in nursing homes, and they were losing  
19 patient after patient after patient, and it was  
20 a horrific time for nursing homes and the people who  
21 were providing care within them.

22 **Q.** If I can just bring you back to your view of the  
23 scientific advice that was being received. Are you  
24 saying that it should have been clear or it wasn't --  
25 let me phrase it a different way.

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1 Are you saying it was clear to you in March 2020  
2 that the scientific advice should have been not to  
3 allow -- well, what do you believe the scientific advice  
4 should have been at that period of time?  
5 **A.** The scientific advice should have been that, if we  
6 believe we need beds in the hospital, then we need to  
7 empty these beds in a manner which doesn't cause further  
8 issues and further problems. And therefore the removal  
9 of those people from the beds should have been done in  
10 a much more structured way as opposed to just divest  
11 them all to the nursing and residential homes, without  
12 any form of testing or without any form of quarantine.  
13 **Q.** Is it right to say that you are not a man who struggles  
14 to put their point across should they wish to do so?  
15 **A.** No, I'm not.  
16 **Q.** So were you making that view known in March 2020?  
17 **A.** No, because it was done without me being made aware of  
18 it in the first instance. This decision was made within  
19 the Department of Health.  
20 **Q.** So this is what you say at the bottom of this paragraph:  
21 "[The Department of Health] did not consult the  
22 Executive Committee at any point on this ..."  
23 Do you believe that that was a decision that should  
24 have been taken by the Executive?  
25 **A.** It would have been much better had it have been taken by

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1 **A.** Yes.  
2 **Q.** And it was one that, in middle of 2020, was able to  
3 provide testing --  
4 **A.** Yes.  
5 **Q.** -- for Covid-19.  
6 **A.** At my instruction.  
7 **Q.** Yes. Is the sequence right that there was -- and this  
8 has come from the DAERA corporate statement, I don't  
9 know how familiar you are with that one -- that on  
10 18 March 2020, AFBI received an alert that it needed to  
11 be ready to provide assistance?  
12 **A.** Mm-hm.  
13 **Q.** Do you think that that alert should have been sent  
14 earlier than 18 March 2020?  
15 **A.** I think the information flow that came to the Executive  
16 in the first instance was very slow, in February  
17 for example, and it was March before we were getting  
18 much information through.  
19 So immediately, you know, at the first Executive  
20 meeting that this was discussed, I was able to indicate  
21 that we had the resource to carry out scientific  
22 analysis and testing and that other things would be  
23 stood down to make that available for the purposes of  
24 fighting Covid-19.  
25 **Q.** But in fact testing within AFBI didn't actually commence

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1 the Executive, because it would have allowed a challenge  
2 function to be exercised.  
3 **Q.** Yes, but two slight different matters, about whether it  
4 would have better to whether it should have been?  
5 **A.** It should have been, yes. That was a major decision,  
6 which caused the deaths of many people needlessly.  
7 **Q.** Well, when you realised that that decision had been  
8 taken, did you seek to take steps to bring it to the  
9 Executive to say "We need to consider this as the  
10 Executive", or not?  
11 **A.** You couldn't undo the harm that had been done. The  
12 people had already been put out to the nursing homes  
13 and, you know, the damage had been done.  
14 **Q.** So in those early days after the decision had been  
15 taken, you don't think it would have been possible to  
16 reverse it by -- as an Executive Committee?  
17 **A.** No, because the hospital beds had already been  
18 depopulated.  
19 **Q.** One of the other critical elements or one of the  
20 elements that you're critical of is a failure to  
21 implement early test and trace. I just want to ask about  
22 an area that DAERA was able to help with. There is the  
23 AFBI; would you be able to explain what that is, please?  
24 **A.** Agri-Food and Biosciences Institute.  
25 **Q.** That is a scientific institute?

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1 until after 11 May 2020.  
2 **A.** Yes.  
3 **Q.** Northern Ireland is not blessed with a vast array of  
4 resources in terms of testing laboratories, is it?  
5 **A.** No.  
6 **Q.** So do you think in the event of a future pandemic it  
7 would be important that all available resources, whether  
8 intentionally designed for human testing or not, should  
9 be able to be stood up quickly in order to provide as  
10 much testing as possible?  
11 **A.** Totally agree. So I indicated that we should do this,  
12 and gave the instruction that we should do it, and the  
13 Civil Service is a remarkable machine, but it managed  
14 not to have it available until 11 May, but it wasn't for  
15 a lack of political will.  
16 **Q.** Well, was it an element of political chasing your  
17 departmental officials in those nearly two months --  
18 **A.** Yes, there was.  
19 **Q.** And what was the outcome of that chasing?  
20 **A.** We got it for 11 May as opposed to some later point.  
21 But there was quite a bit of chasing done, yes.  
22 **Q.** I also want to ask, and it was a point that was raised  
23 with Professor Sir Ian Young, about the role of the  
24 DAERA CSA. So DAERA has its own Chief Scientific  
25 Adviser; that's correct?

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1 **A.** Yes.

2 **Q.** And it's actually that Chief Scientific Adviser rather  
3 than Professor Sir Ian Young, within the Department of  
4 Health, who is plugged into the UK-wide science network;  
5 is that right?

6 **A.** Mm-hm.

7 **Q.** And what the DAERA corporate statement sets out is that  
8 from early January to mid-August 2020 that the DAERA CSA  
9 wasn't receiving communications from the CSA network  
10 because an incorrect email address for the DAERA CSA had  
11 been used and that actually the DAERA CSA had assumed  
12 communications were not being produced by the  
13 CSA network because of the informal nature of the  
14 meetings.

15 In terms of the process within DAERA, that you can  
16 have a CSA in the middle of a pandemic who assumes that  
17 there is no contact through a country-wide CSA network  
18 for the best part of seven months, does that not  
19 indicate there's a bit of a deficiency within the  
20 effective processes of the department?

21 **A.** I'll be honest, I wasn't aware that that was the case,  
22 and, you know, it does indicate a deficiency, I accept  
23 that.

24 **Q.** I want to take you to one of your WhatsApp messages.  
25 This is dated 14 March 2020.

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1 briefing.

2 To what extent did the members of the DUP who were  
3 ministers -- who were all on this group chat, is that  
4 right?

5 **A.** Yes.

6 **Q.** To what extent were they pressing for this to be done  
7 across the government?

8 **A.** That would have been led by the First Minister, and the  
9 First Minister worked extremely closely with her special  
10 adviser and, you know, she would have been actioning  
11 that in terms of seeking to move these things forward.

12 **Q.** Can we scroll down a little bit, please. Thank you.

13 Again, those other five elements, so: implementation  
14 of an update, twice-daily update; co-ordinating support  
15 in local communities -- and then:

16 "... risk registers and update for Ministers in  
17 a regular basis."

18 Do you think that what Ms Pengelly was setting out  
19 there was actually what happened on 14 March, or at what  
20 point in time did any of those aspects come into play?

21 **A.** Well, certainly there was aspects of it came into play.  
22 Obviously these are Ms Little-Pengelly's thoughts at  
23 an early stage of how we could respond, and, you know,  
24 this is essentially thinking out loud and putting  
25 something in writing. It is for a wider group to make

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1 It's INQ000356174, and it's page 8. Thank you very  
2 much. And it's -- thank you very much.  
3 15.36, you say:

4 "We are in this first a long haul. It is likely  
5 schools will have to close, but last week was ready on  
6 the hysterical side."

7 So that's 14 March. What did you mean by "on the  
8 hysterical side"?

9 **A.** There was the effort to close schools down more quickly,  
10 I suppose, than other things, and obviously at that  
11 stage there was a push to align with what was going on  
12 with the Republic of Ireland and -- you know, parents  
13 were being scared, and I think that's where that was  
14 coming from.

15 **Q.** If we can then go to page 9, please, and it is the entry  
16 at 18.01, thank you very much.

17 And we can see there that's from  
18 Emma Little-Pengelly. At the time Ms Pengelly was the  
19 special adviser for the First Minister; is that correct?

20 **A.** Yes.

21 **Q.** Then this is 14 March, and there's an indication about  
22 some issues that the civil contingencies could and  
23 should be doing, so information for schools, so parents  
24 with complex medical needs, dealing with self-isolating  
25 child, drawing up guidance, considering a daily

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1 those decisions and the wider group was Executive  
2 Committee, who were also getting information from the  
3 Department of Health, and they were the lead department  
4 in terms of bringing their thoughts forward as to how to  
5 do these things. It's for individuals to argue for the  
6 types of things that Ms Little-Pengelly was offering,  
7 and that again would have been led by the  
8 First Minister, who she was directly, you know, working  
9 for.

10 **Q.** Because, for example, the co-ordination of local  
11 councils, third sector, we know the next Executive  
12 meeting was 16 March; had there been a sufficient push  
13 from the DUP in the Executive to make sure that that was  
14 done?

15 **A.** Again, I think that that question is probably best  
16 placed for the former First Minister.

17 **Q.** I also want to talk about other steps that you were  
18 taking as DAERA minister. One of the aspects of your  
19 statement that you're very focused on is about making  
20 sure that people had access to outdoor spaces?

21 **A.** Yes.

22 **Q.** And you say in your statement that you re-opened country  
23 and forest parks. Was within the DAERA remit, in terms  
24 of the closure of those open spaces from -- I think they  
25 were closed from March 2020 through to 5 June 2020.

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1 A. Yeah.

2 Q. Do you believe that those car parks, public access  
3 facilities, should have been opened at an earlier stage?

4 A. I would have liked to have opened them earlier and  
5 pressed very hard for that to be the case.

6 Q. Did you press very hard for that, or on reflection you  
7 thought you would have liked to have pressed harder?

8 A. No, I did press very hard for it.

9 Q. Because you pressed hard in terms of access to  
10 graveyards?

11 A. Yes.

12 Q. But equally, the open spaces weren't open until  
13 June 2020, so --

14 A. No.

15 Q. -- there was a bit of a lag between graveyards and those  
16 open spaces?

17 A. Yes.

18 Q. Again, on reflection, do you think they should have been  
19 open at a much earlier point, to assist the population  
20 of Northern Ireland?

21 A. I think that they could have been opened at an earlier  
22 point and should have been opened at an earlier point.  
23 We were able to arrive at a conclusion relatively  
24 quickly that people outdoors were relatively safe,  
25 that -- there was concerns that, you know, the -- given

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1 A. Yes.

2 Q. If I can then show you INQ000356174.  
3 And it's page 37, and this is dated 16 July 2020.  
4 Thank you. It's at 13.36.  
5 So this has moved slightly on in time, this is  
6 16 July, the Covid rates are slightly on the increase in  
7 Northern Ireland; is that correct, as far as you  
8 remember?

9 A. Yes, slightly.

10 Q. So you say there:  
11 "I just don't get the sense this [is] driven by the  
12 science."  
13 I presume that's meant to be.  
14 Again, what do you mean by, at that point in time,  
15 it's not being driven by the science?

16 A. In terms of it, and I made reference earlier to the  
17 issue about cancers and about cancer screenings,  
18 for example, being cancelled, we got into a situation  
19 where Covid became the single issue, and we didn't take  
20 into account enough of the other matters. I was  
21 indicating about the number of screenings that were  
22 cancelled in that period of time was actually -- runs  
23 into 160-170,000, over 4,000 heart screenings cancelled,  
24 diagnosis, in terms of people seeing consultants,  
25 4,500 cases cancelled, a thousand of them red flags.

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1 the numbers of people who were at home, that the country  
2 parks could be overrun and potential for congregating in  
3 car parks and so forth because of those numbers, so it  
4 wasn't exactly straightforward, but it was something  
5 that we had a strong desire and push to do, and they  
6 were open on 5 June. I'd have liked it to happen  
7 earlier.

8 Q. What prevented them opening earlier?

9 A. Some of the things I'm just after saying. We had to  
10 take into the considerations of management --

11 Q. Apologies, in terms of --

12 A. Of the numbers. So you take, for example, Castlewellan  
13 Forest Park, you know, the parade after that, these --  
14 Tollymore Forest Park and places like that there, the  
15 numbers coming through those country parks was  
16 incredible. So people, having been closed in their  
17 house, having the ability to do something, an awful lot  
18 of people wanted to do that, so we did have to look at  
19 the management of that, having enough staff and so forth  
20 in place. And again, whilst I would have liked it to  
21 happen quicker, it happened when it happened, it wasn't  
22 as a result of lying back.

23 Q. At that time were you considering the scientific advice  
24 about the benefits and potential risks about opening up  
25 those open spaces?

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1 The science is that, you know, people are --  
2 there's 4,600 people died of cancer in 2020, and we were  
3 closing down so many of the areas to actually ensure  
4 that we fought cancer. In that year we had 2,000 less  
5 diagnoses. Therefore, you know, we weren't doing what  
6 we should have been doing as a health service, and  
7 ensuring that we were following the science, and the  
8 science was that we needed to prevent cancer, heart  
9 disease, diabetes, but we closed down all of those  
10 clinics unnecessarily.

11 Q. I appreciate the factors that you're taking into  
12 account. I want to talk about your decision-making as  
13 it's progressed. You say there:  
14 "... we will have to respond probably with localised  
15 lockdown ..."

16 In July 2020, was that something that you were  
17 prepared to contemplate, the idea of localised  
18 lockdowns?

19 A. Yes, because, first of all, having recognised that  
20 Covid-19 was particularly virulent amongst the elderly  
21 and the vulnerable population, the view that I was  
22 establishing over the period -- because there was  
23 a learning curve for everybody, and I have to say this:  
24 I think everybody was trying to do their best grappling  
25 with something that they had little knowledge about

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1 previously, with the information that was coming forward  
2 and based on what was happening on the ground. And  
3 I don't think any single person meant harm to anybody  
4 else, either at political or Civil Service level or  
5 anything else. So whether it was considered to be  
6 a good job or a bad job, and I think that it was a bit  
7 of both, people were doing things as they saw best.

8 In terms of how I thought we should have been  
9 responding was: we recognised that people with  
10 vulnerabilities, people with various conditions,  
11 including obesity, were much more vulnerable to  
12 Covid-19, or elderly people were much more vulnerable to  
13 Covid-19, so why are we locking down everybody and  
14 everything? And, therefore, I did think that we should  
15 be looking at being much more strategic, perhaps, in how  
16 we responded, as opposed to a blanket approach.

17 **Q.** You had a situation where you believed --

18 **A.** Sorry, if I can just reply, because I'm just getting the  
19 context of that a little better.

20 This was in relation to the masks issue, and the  
21 challenge was: are we following the science on masks  
22 because was there science on masks? Because at one  
23 point, Dr McBride had come to the Executive Committee  
24 when people were pushing for masks and said won't work  
25 and masks won't provide much benefit. And then by the

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1 **Q.** The reason why I'm asking the questions is because your  
2 statement could be interpreted as being very critical  
3 about the actions that you believe were being driven by  
4 the Department of Health, which I believe you will  
5 accept that they were following what they considered to  
6 be the best scientific course. Do you accept that?

7 **A.** I accept that they were following the scientific course  
8 that was being followed by United Kingdom broadly, and  
9 indeed United Kingdom was probably following what World  
10 Health Organisation was recommending as well.

11 **Q.** But in terms of your criticisms of the response, and  
12 you're saying that there should have been a different  
13 response, are you able to indicate what you believe that  
14 different response should be?

15 **A.** I think that we should have been encouraging people who  
16 were vulnerable. I'm saying "encouraging". Encourage  
17 them very strongly in informing them for their own  
18 wellbeing that they should avoid contact with other  
19 people.

20 So you cannot do that for every older person, but  
21 there was quite a lot of older people who were not being  
22 cared for who could have had their shopping delivered,  
23 who, you know, didn't have to mix with other people, and  
24 this would have been hugely unpleasant for them. But as  
25 vulnerable people, it would have been a means of

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1 time we got to July, that had changed, and I hadn't  
2 heard the scientific back-up for that particular change.

3 **Q.** Because -- I think this can come down off the screen,  
4 thank you. You'd had March 2020 where you believed  
5 there should have been earlier responses.

6 **A.** Yeah.

7 **Q.** In summer 2020, it's fair to say that you believed that  
8 there should have been more targeted responses.

9 **A.** Yes.

10 **Q.** And what do you think those targeted responses should  
11 have looked like?

12 **A.** First of all, I think the essential workers in  
13 themselves ensured that there was an awful lot of  
14 mixing, and whenever you looked at the range of  
15 essential workers -- including people working in retail  
16 and people working in all of those food factories that  
17 I referred to earlier on, as well as your hospital  
18 workers, police, everything else -- ensured that no  
19 lockdown with all of those people still mixing would  
20 ever be entirely successful in stopping the spread of  
21 the virus. Therefore, for me, the focus should have  
22 been on providing the greatest amount of protection for  
23 the cohort who were most likely to get -- or to die from  
24 Covid-19, as opposed to the cohort who weren't likely to  
25 die from Covid-19.

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1 avoiding them, you know, getting the condition which is  
2 Covid-19 which could have led to a premature death.

3 So I believe that more work could have been done on  
4 actually ensuring that those who were more susceptible  
5 to dying from Covid-19 could have taken steps to avoid  
6 catching it. But instead over the summertime, everybody  
7 was allowed to mix, and then that led to the spike that  
8 happened in the autumn time.

9 **Q.** Can I press you a little further?

10 **A.** Yeah.

11 **Q.** You say -- and I think it's clear from the Executive  
12 Committee handwritten notes -- that you were posing your  
13 view on the fact that there should have been different  
14 groups taken into account, but were you ever proposing  
15 what you considered the solutions should be rather than  
16 identifying what the problems were?

17 **A.** I did, and I had a dispute with the Chief Medical  
18 Officer that, you know, instead of locking down  
19 everybody, we should be focusing on the people who are  
20 most likely to die from Covid-19 if they caught it, and  
21 he indicated that would be discriminatory against the  
22 older population. And I said, but we're discriminating  
23 against the entire population and the younger people in  
24 particular who are not likely to die from Covid-19 by  
25 preventing them having their education. And the

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1 consequences of preventing those young people having  
 2 their education is that, in the aftermath of it,  
 3 absenteeism in schools went from -- went up by 123% for  
 4 people who were absent from school more than 10% of the  
 5 time. The consequence of that is that people who are  
 6 absent more than 10% of the time with five GCSEs or more  
 7 goes down from 88% to 46%. Their mental health --  
 8 **Q.** Can I ask you, Mr Poots, just to focus on the question  
 9 in terms of --  
 10 **A.** I thought I was. I apologise.  
 11 **Q.** I think we may have strayed fractionally off the path.  
 12 You said you had a conversation with the CMO. When  
 13 did that take place, as far as you are able to remember?  
 14 **A.** It would have been in the summertime, possibly August.  
 15 **Q.** Did you have a full and frank and forthright discussion  
 16 amongst the Executive Committee about those views?  
 17 **A.** Yes. I remember the discussion that took place, and  
 18 I remember the challenge that the focus should be on  
 19 protecting the people who are going to be most  
 20 vulnerable to this condition, because whenever I agreed  
 21 in March and was actually looking for lockdown in March  
 22 because we didn't know what was coming, by the time we  
 23 got to June, July, August, we had a reasonable evidence  
 24 base of how Covid-19 was affecting the wider population.  
 25 And we recognised that children weren't dying from it,

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1 shouldn't be locking down everybody whenever there was  
 2 evidence that this wasn't affecting everybody equally.  
 3 I know and understand that children could carry it home  
 4 to their parents, and their parents could carry it home  
 5 to their grandparents, and all of those arguments. And  
 6 it was for people to take steps to ensure that they  
 7 mitigated that as much as possible.  
 8 **MR SCOTT:** At the time you had that conversation with the  
 9 CMO or subsequently, did you advance or suggest or  
 10 provide a package of possible restrictions that you  
 11 believed would have been appropriate, or again was it:  
 12 you'd raised the concerns, and then it was for the CMO  
 13 or others to design something in response?  
 14 **A.** The second.  
 15 **Q.** When you felt that that wasn't making the headway that  
 16 you sought, did you press again or not?  
 17 **A.** I ... I think there was huge frustration, and again  
 18 that -- the only thing that we seemed to be relying upon  
 19 was the lockdown method, and, you know, that manifested  
 20 itself in later meetings. But we did press -- not me  
 21 only -- but we did press that we should be looking at  
 22 other means of trying to ensure that we reduced the  
 23 spread of Covid-19.  
 24 **Q.** In terms of the scientific advice, I mean, I think  
 25 you're very clear in your statement that you were

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1 and that was a real fear at the very outset, you know,  
 2 that we were going to lose, you know, many children. We  
 3 recognised that that wasn't the case, so for me, the  
 4 focus should have then switched from the entirety of the  
 5 population to the people who were most vulnerable to the  
 6 condition which was Covid-19.  
 7 **LADY HALLETT:** Mr Poots, sorry to interrupt. Do you think  
 8 taking the approach that you have just been advocating,  
 9 would that have been easier in Northern Ireland, given  
 10 the particular circumstances in Northern Ireland, or  
 11 harder than the rest of the UK? In other words, England  
 12 has a larger population, for example.  
 13 **A.** Yes, and we have a much stronger family structure in  
 14 Northern Ireland as well. We are a smaller country, and  
 15 it's easier to support your elderly relatives, you know,  
 16 personally. And at the outset of Covid, for example, in  
 17 my own family, we dismissed the carers who were looking  
 18 after my father at that stage, and our own family took  
 19 over, and he didn't get Covid.  
 20 But yes, I do. I think it would have been easier in  
 21 Northern Ireland. But I'll say this: it wouldn't have  
 22 been easy. Nothing was easy during this. And there was  
 23 no easy solutions to fighting Covid-19. If there was,  
 24 it would have been devised by someone much smarter than  
 25 me, but there wasn't. But I did challenge that we

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1 challenging and probing and testing the scientific  
 2 advice --  
 3 **A.** Yes.  
 4 **Q.** -- and at times you believed that it was -- you weren't  
 5 getting the evidence base that you sought, but at any  
 6 point, did you have what you considered to be sufficient  
 7 scientific evidence that pointed against the advice that  
 8 you were being given?  
 9 **A.** Well, if we go back to the masks, we had advice from the  
 10 Chief Medical Officer which said no, and then we had  
 11 advice from the Chief Medical Officer which said yes,  
 12 but we didn't get the scientific basis for the switch in  
 13 that position.  
 14 **Q.** Did you get sufficient scientific evidence, as far as  
 15 you were concerned, about the reason why ongoing  
 16 restrictions were as they were?  
 17 **A.** Sorry?  
 18 **Q.** Did you get sufficient scientific evidence about the  
 19 reason why the restrictions in terms of the impact of  
 20 closing various sectors of the economy or personal  
 21 restrictions as opposed to masks?  
 22 **A.** We got considerable -- the Chief Scientific Adviser gave  
 23 considerable evidence, and, you know, I remember  
 24 questioning the whole issue about R and how it was --  
 25 how we arrived at R. And then it transpired that that

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1 was changing all of the time, so R wasn't one consistent  
2 piece of, you know, things that were met and then you  
3 got your R rate. That changed over time.

4 So I remember, for example, having, you know,  
5 considerable discussion about hairdressers and,  
6 you know, these are people who don't have a lot of  
7 money, they're on the lower end of the pay scale, and  
8 they weren't being allowed to re-open, and the R rate  
9 was -- having a very negligible impact upon the R rate,  
10 but nonetheless, the decision was made by the Executive  
11 not to allow them to re-participate.

12 So we were getting advice, and the advice sometimes  
13 was that --

14 **Q.** Again, just to be clear, the advice --

15 **A.** -- the impact was very nominal, you know, on making  
16 decisions, but generally, even when the impact was  
17 nominal, we did our minimal. They decided not to  
18 proceed in any event.

19 **Q.** Just for my understanding when you say the advice there,  
20 was that from the CMO and CSA, or was that --

21 **A.** Yes, CSA in the main.

22 **Q.** So, again, is it fair to summarise it that at no point  
23 did you have evidence that was contradicting what the  
24 CMO and the CSA were saying; it was just that you were  
25 taking a different view about what should be done with

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1 where majoritism was going to be the only way forward,  
2 and I think that that -- that would be a back -- that  
3 would have been a backward step.

4 **Q.** Was there any DUP minister who did not want to use the  
5 cross-community vote?

6 **A.** They didn't express that, if they did.

7 **Q.** You say in your -- sorry.

8 **A.** Minister Weir seconds the proposal, so no, I don't think  
9 there was.

10 **Q.** It's right, isn't it, that the suggestion of using the  
11 cross-community vote was discussed on the Executive  
12 Committee group of the DUP; is that right?

13 **A.** Yes.

14 **Q.** That wouldn't have been a knee-jerk reaction --

15 **A.** No, it wasn't.

16 **Q.** -- that was a decision that was taken in advance?

17 **A.** Correct.

18 **Q.** You say in paragraph 152 of your statement:

19 "Using the cross-community vote as a check to bring  
20 the reality home that things cannot be driven  
21 through ..."

22 When you're saying "bring the reality home", were  
23 you using that vote as a marker to the other parties  
24 that you weren't prepared to accept that any further?

25 **A.** I think that we had, in spite of all of the ups and

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1 that advice?

2 **A.** Yes.

3 **Q.** I want to move now to the meeting of 9 November. Was  
4 that meeting so contentious because it was a culmination  
5 of months -- sorry. I don't know whether you heard what  
6 I was saying there.

7 Was that meeting so contentious because it was the  
8 culmination of months of rising rates and frustration  
9 about the restrictions that were in place?

10 **A.** That and the absence of identifying anything other than  
11 lockdowns to actually stop the spread of it.

12 **Q.** At that time, in 9 November, was it the intention of DUP  
13 ministers to use the cross-community vote to prevent  
14 those restrictions being extended?

15 **A.** They met beforehand, and it was indicated, you know --  
16 the lead was coming from the First Minister and the  
17 party leader that should they proceed to it vote on it  
18 that we should use a veto, and that was -- that was the  
19 direction at the meeting. It was a direction that  
20 I agreed with at that point because the First Minister  
21 had been trying over the previous number of days to find  
22 an agreed way forward, and that hadn't proven to be  
23 possible. And the Executive does largely operate on  
24 consensus, and we wanted to try to -- try to maintain  
25 that and achieve that, but we were moving to a position

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1 downs of that year, and there was mainly downs, but we  
2 had tried to work together and arrive at conclusions,  
3 and very often, you know, there was -- as you look at  
4 the minutes you'll find there was lots of breaks in  
5 those meetings where the First and deputy First Minister  
6 met with the health minister and came back to the  
7 meeting sometimes within 20 or 30 minutes -- very often  
8 it took hours -- but they hammered these issues out and  
9 found a way forward.

10 But at this point, there didn't seem to be  
11 a willingness to do that, and that led to the situation.  
12 And I don't propose that this was the best way forward,  
13 but nonetheless, I think I indicated at the meeting this  
14 was an action of last resort, so it wasn't something  
15 that we just charged into lightly; it was thought about  
16 beforehand, but we were trying to get an agreed way  
17 forward as opposed to having a majority decision take  
18 place in the Executive.

19 **Q.** Did you consider what the impact would be of using  
20 a cross-community vote on a public health measure in  
21 November 2020, what the impact would be on the broad  
22 population of Northern Ireland?

23 **A.** We did, yes. And the thing is, as public  
24 representatives, we tried to look at the thing as  
25 holistically as possible.

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1 So if I can give an example, my Lady. We had  
2 a young lady approach us, for example, who had a seat in  
3 a hairdressers. Because she didn't have a business  
4 address, she didn't get any financial support, and that  
5 young lady was raising two children on her own, and she  
6 didn't have the finances to feed her children.

7 Now, for her, fortunately enough, her grandmother  
8 emptied her savings account to provide support for that  
9 young lady. That is an example of what was happening  
10 with thousands of people across Northern Ireland. And  
11 as a politician, we have to take these things into  
12 account as well as everything else, that people do have  
13 needs out there, and consequently, you know, we perhaps  
14 looked at the thing more broadly, perhaps, than was  
15 coming from the Department of Health, who looked at it  
16 purely from the health perspective.

17 **Q.** Just one very niche topic to finish with, and these are  
18 the tweets that you sent on 9 November. You say in your  
19 statement:

20 "I sent the tweets after the 9 November meeting out  
21 of frustration at the damaging proposals ..."

22 Then you go on to say:

23 "... I do not consider the tweets impacted the  
24 public's confidence in the Executive, rather the tweets  
25 reflected the views of many in the public."

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1 **A.** Yeah.

2 **Q.** If I can take you to INQ000356174, that's at page 55,  
3 scroll down to 00.48, please.

4 So that's that message at the bottom, and that's  
5 11th of the 11th, 00.48, so that's sent about 13 minutes  
6 before your first tweet is sent, and you say:

7 "Comms is critical.

8 "We need our people on every programme setting the  
9 agenda."

10 Then there is reference there to:

11 "Lead cardiologist in the Royal and three other  
12 doctors are publicly criticising it ...

13 "Mental Health issues are rocketing as is domestic  
14 violence.

15 "Lowest paid workers are losing vital wages ..."

16 So when you're talking there, 13 minutes before you  
17 sent your first tweet about communications and setting  
18 the agenda, is it not right that actually the content of  
19 that message finds its way into the tweets that you sent  
20 between 13 minutes and half an hour later on?

21 **A.** But it wasn't a comms strategy on behalf of our party.  
22 This is what I believed should happen. And, you know,  
23 it's -- it's what I said.

24 And what I said there in terms of mental health  
25 rocketing, there was over a 10% increase in mental

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1 Is it not actually the case that those tweets were  
2 intended by you in order to set the agenda and set the  
3 policy considerations of the population of  
4 Northern Ireland?

5 **A.** Well, they were an alternative viewpoint, and there was  
6 great frustration that perhaps a lot of the issues that  
7 had been raised, not just for -- you know, in the run-up  
8 to 9 November, but for weeks and months in advance of  
9 that, perhaps hadn't been taken as seriously as they  
10 should have.

11 **Q.** Were they part of the communications strategy from you?

12 **A.** No, it wasn't a strategy, it was probably -- probably  
13 more in frustration than anything else.

14 **Q.** Well, can I just please show INQ000274194.

15 I'm very close to the end, my Lady.

16 We can see there that's the first -- there were  
17 three tweets that you sent --

18 **A.** Yes.

19 **Q.** -- one at 1.01, 1.09 and 1.27.

20 If we can just please go to the third one, that's  
21 INQ000274196, where we have:

22 "Mental health and domestic abuse rising  
23 dramatically. Leading cardiologist warning poorer  
24 outcomes from lockdown."

25 That's at 1.27.

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1 health drug or anti-depressant drug prescriptions over  
2 that period of time. There were reports coming from the  
3 PSNI indicating a much higher rate of domestic violence.  
4 All these things were happening. We did have  
5 cardiologists in the Royal saying "We've got a problem  
6 here", and consequently we have considerably more  
7 people, you know, dying of heart disease now. So these  
8 were actions that we were taking.

9 And this is one thing that I said very often in the  
10 Executive, there will be more people die as a result of  
11 how we responded to Covid than will die of Covid --

12 **Q.** Mr Poots, I believe that's set out in your statement.

13 I just want to end here with that question: did you  
14 consider when you were sending out those tweets what the  
15 impact would be on the population of Northern Ireland  
16 watching the content of that meeting on the evening of  
17 11 November?

18 **A.** Well, I considered that the issues as I set them out,  
19 you know, particularly the bit that says -- in terms of  
20 the evidential base. Mr Young -- at that time the  
21 R rate was 0.7 -- said the impact of having close  
22 contact services, that's the hairdressers and so forth,  
23 being allowed to work again, would have been 0.05, so  
24 that was a minimal impact that he was suggesting, the  
25 Chief Scientist was suggesting. So the only evidence

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1 that was being provided by the Chief Scientist would  
2 have indicated that it wouldn't have been  
3 an unreasonable thing to allow those people to  
4 re-engage.

5 **MR SCOTT:** Thank you, my Lady, I've no questions.

6 **LADY HALLETT:** Thank you.  
7 Ms Campbell.

8 **MS CAMPBELL:** (Inaudible).

9 **Questions from THE CHAIR**

10 **LADY HALLETT:** Thank you.

11 I just have one question, Mr Poots.

12 **A.** Sure.

13 **LADY HALLETT:** In other jurisdictions I have heard  
14 complaints about mass gatherings. You mentioned  
15 Cheltenham Races; that of course was in England. Were  
16 there any mass gatherings planned or took place in  
17 Northern Ireland that were of concern to people?

18 **A.** I think -- well, there was obviously the Bobby Storey  
19 funeral, and that's -- you know, everybody saw that on  
20 television, and that caused an awful lot of pain, and it  
21 diminished the role of the deputy First Minister and the  
22 Sinn Féin ministers. And I recognise the apology that  
23 was offered by Ms Ní Chuilín yesterday for that, and  
24 I think that's been the first significant recognition by  
25 somebody from that political party to do that, and

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1 about Covid", who would be responsible for that  
2 decision? What I'm concerned -- it's not just --

3 **A.** I'm trying to work it out -- I apologise, my Lady --  
4 whether it's the local authority or a combination of the  
5 Department of Health and Department of Justice --

6 **LADY HALLETT:** So with all your experience you can't work  
7 out who would take such an important decision in  
8 Northern Ireland?

9 **A.** It certainly never crossed the previous department that  
10 I sat on, my Lady, and I apologise for not knowing the  
11 answer to your question.

12 **LADY HALLETT:** I'm trying to work out -- obviously I'm  
13 learning a lot about the structures in Northern Ireland.

14 **A.** Yes.

15 **LADY HALLETT:** It's one of the things where the power to  
16 take that kind of decision that could have such  
17 an impact on people's lives. And you can't help me,  
18 don't worry, I tried.

19 Thank you very much. I shall return at 2 o'clock.

20 **(The witness withdrew)**

21 **(1.00 pm)**

22 **(The short adjournment)**

23 **(2.00 pm)**

24 **LADY HALLETT:** Ms Dobbin.

25 **MS DOBBIN:** My Lady, please may I call the next witness,

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1 I commend her for making that apology.

2 **LADY HALLETT:** I was thinking more of concerts, sporting  
3 matches. There was nothing of that kind in  
4 Northern Ireland that -- it's very much an issue in  
5 Scotland, Wales --

6 **A.** In the summer of 2020 there was a lot of sporting  
7 events, and those were mainly Gaelic sports, because  
8 that's whenever they play --

9 **LADY HALLETT:** But that's when we were opening up  
10 restrictions.

11 **A.** The restrictions were lifted at that point, so they  
12 were.

13 **LADY HALLETT:** Had there been a plan -- supposing there had  
14 been a Bruce Springsteen concert about to take place in  
15 March 2020, who would have taken the decision, other  
16 than the organisers, as to whether it would go ahead?  
17 You've talked about the lack of power in the  
18 First Minister and deputy First Minister. In Wales and  
19 Scotland it would be the then --

20 **A.** Yes.

21 **LADY HALLETT:** -- First Ministers; who would it be here?

22 **A.** In terms of the regulations and so forth, I think that  
23 people were being encouraged not to organise those --

24 **LADY HALLETT:** Who would say, "Okay, we've got this concert  
25 planned for Thursday night and we're really worried

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1 Sir Brandon Lewis.

2 **SIR BRANDON LEWIS (sworn)**

3 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2C**

4 **LADY HALLETT:** I hope we haven't kept you waiting too long,  
5 Sir Brandon.

6 **THE WITNESS:** No, it's fine.

7 **MS DOBBIN:** Can I ask you to give your full name to the  
8 Inquiry.

9 **A.** Brandon Lewis.

10 **Q.** I think you ought to have a witness statement in front  
11 of you, which I think you signed on 22 March 2024,  
12 I think it comes to some 38 pages. Do you have that in  
13 front of you?

14 **A.** Yes.

15 **Q.** Are you content that that witness statement is true --

16 **A.** Yeah.

17 **Q.** -- to the best of your knowledge and belief?

18 **A.** Absolutely, yes.

19 **Q.** Thank you.

20 I think it's right, Sir Brandon, that you first  
21 became a Member of Parliament for Great Yarmouth in  
22 2010; is that right?

23 **A.** That is, that's correct, yes, May 2010.

24 **Q.** And I think you took up your first junior ministerial  
25 role in 2014; is that right?

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1 A. No, September 2012.

2 Q. Oh, I apologise. I think that after 2012 you held  
3 a number of junior ministerial posts, including posts in  
4 the Department of Communities, and also in the  
5 Home Office as well; is that correct?

6 A. Yes, yes. Communities and local government,  
7 Home Office, Cabinet Office, and then the  
8 Northern Ireland Office and the Ministry of Justice.

9 Q. All right. I was going to say I think included in that  
10 you were also Minister without Portfolio as well, before  
11 you came to Northern Ireland; is that right?

12 A. Yes, that's correct, yeah.

13 Q. I think it's correct, then, that you were made the  
14 Secretary of State for Northern Ireland in  
15 February 2020?

16 A. Yes, that's right.

17 Q. Prior to that date, had your ministerial career involved  
18 any work that related to Northern Ireland?

19 A. Yes, a little bit, not a great deal, but both when I was  
20 the security minister, I also had responsibility for  
21 some of the Brexit work and security on Brexit, and also  
22 when I was Minister without Portfolio, I had the border  
23 security taskforce, so both of those roles had  
24 an involvement with and visits to Northern Ireland.

25 Q. But did they provide you with any sort of in-depth

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1 Q. -- that you were taking up your role?

2 A. Yes, I think she was literally about five days before  
3 me.

4 Q. All right. In terms of your general role or the usual  
5 role, if I may put it in that way, of the  
6 Secretary of State for Northern Ireland within  
7 government in the UK, is it right to summarise that role  
8 as essentially representing the best interests of  
9 Northern Ireland within central government?

10 A. Yes.

11 Q. Or is there more to it than that?

12 A. No, I think that's -- no, that is right. In practice,  
13 my experience I would say now is that a fair -- there is  
14 a fair amount of time also working with the  
15 Northern Ireland Executive. The Northern Ireland Office  
16 is often, excuse the analogy, but the oil amongst the  
17 wheels of the different -- five different parties at  
18 that time, now four obviously in the Executive, but just  
19 brokering agreement sometimes, but that's the core  
20 purpose, yeah.

21 Q. All right. I'm going to come back if I may to that  
22 concept of you being the oil between the wheels and what  
23 your role was, but just focusing for a moment on the  
24 particular responsibilities that you had, I think it  
25 also involved distinct areas like national security,

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1 knowledge of Northern Ireland, or about the politics of  
2 Northern Ireland, or how government in Northern Ireland  
3 operates?

4 A. To an extent, yes. Certainly, in terms of the politics  
5 of Northern Ireland, the challenges, because obviously  
6 I was working -- when I was here, I was looking  
7 particularly in terms of the impact of Brexit and how we  
8 deal with the border, challenges between the  
9 Republic of Ireland, Ireland and Northern Ireland, so  
10 I had an understanding of the politics of that and  
11 therefore the wider politics and the background in  
12 Northern Ireland, obviously having been national  
13 security minister as well.

14 Q. All right. So the landscape wasn't entirely unfamiliar  
15 to you.

16 A. No, not entirely unfamiliar, but there's always more to  
17 learn.

18 Q. It's right that power-sharing was just resuming in and  
19 around that time as well; correct?

20 A. Yes. *New Decade, New Approach* had been agreed, I think,  
21 in the January just before I became Secretary of State.

22 Q. I think it's also right that the Northern Ireland Office  
23 had a new permanent secretary as well take up her post  
24 in and around the same time --

25 A. Yes.

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1 counter-terrorism, and then the implementation or  
2 I suppose the oversight of the key political agreements  
3 as well; is that correct?

4 A. Yes, that's correct. Yes.

5 Q. I think that it's also right that a distinct part of  
6 your role was in relation -- or was leading relations  
7 with the Republic of Ireland as well, insofar as they  
8 related to Northern Ireland; is that correct?

9 A. Yes. Obviously, there's an element of partnership with  
10 the Foreign Office, but in relation to Northern Ireland,  
11 primarily yes.

12 Q. Yes, I was going to ask you that. I don't think that  
13 your role excluded ordinary diplomatic discourse between  
14 the Foreign Office and the Republic of Ireland as well;  
15 is that right?

16 A. That's correct. And, for example, if Simon -- at the  
17 time, Simon Coveney of the Tánaiste was visiting London,  
18 if I was there we'd meet, but he would also go and meet  
19 the team at the Foreign Office as well, yeah.

20 Q. All right. And then, obviously, I think part of your  
21 role as well was also related to co-operation between  
22 devolved administrations as well. So the idea that  
23 devolved administrations may also have common interests  
24 within government in the United Kingdom as well; is that  
25 also right?

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1 A. To an extent. I think all the territorial offices'  
2 secretaries of state would fulfil part of that role, but  
3 that's also primarily what the role of CDL, as  
4 Michael Gove was doing at that time, in his role with --  
5 responsibility for the Union of having that overarching  
6 view of how you bring the devolved -- when the devolved  
7 authorities has issues where they join up, and that  
8 would go more towards the Cabinet Office's roles.

9 Q. I was going to ask you about Cabinet Office, and maybe  
10 I can do it and bring up a document at the same time in  
11 order to explore that with you.

12 If I could bring up, please, INQ000372641, please.  
13 I wanted to ask you, first of all, Sir Brandon, some of  
14 these documents refer to territorial offices. Does that  
15 relate to, for example, the Northern Ireland Office, the  
16 Scottish Office, and the Welsh Office?

17 A. Yes.

18 Q. I think that we can see from this document, and I'm  
19 looking at paragraph 2, that the Cabinet Office did have  
20 a specific role in co-ordination in respect of  
21 devolution and that sometimes that had an impact on the  
22 role of the territorial offices, although it's right to  
23 point out, it says, that that was much less of an issue  
24 in respect of the Northern Ireland office.

25 A. Yeah. Correct.

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1 earlier. So Northern Ireland was, by definition, a  
2 bigger department anyway, and we had a -- our own  
3 permanent secretary, whereas Scotland and Wales don't  
4 have a permanent secretary; their director generals  
5 I think technically report in to the Cabinet Office, so  
6 it was a slightly different structure, and that's why  
7 the NIO was always -- I always felt it was in a slightly  
8 different position.

9 Q. Thank you.

10 Just turning, then, to the role of the  
11 Northern Ireland Office and your role specifically then  
12 in respect of this period and also the pandemic as well,  
13 perhaps if I could just bring up your witness statement,  
14 I think it might capture it.

15 If I could bring up the witness statement, please,  
16 at page 34, and paragraph 73.

17 I just wanted to pick up what you said in the second  
18 half of that paragraph, that:

19 "[You] considered that it was essential that the  
20 devolution settlement in Northern Ireland was respected  
21 when responding to the pandemic. This was of particular  
22 importance during the specified period, as this  
23 represented the first time that the [Northern Ireland  
24 Executive] had been operating for 3 years. Therefore,  
25 every effort was made to ensure that the independence of

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1 Q. I'll come back and ask you a little bit about that, if  
2 I may, but just looking at paragraph 3, I think that  
3 foresaw that there might be a role for all of the  
4 secretaries of state for the territorial offices to come  
5 together a bit more to present, I think this is  
6 suggesting, maybe a united front when it came to common  
7 issues --

8 A. Yes.

9 Q. -- although also recognising the differences.

10 We can see that that's a document from May 2020, so  
11 it was obviously generated in the context of the  
12 pandemic, but may I ask you, please, the point in  
13 respect of paragraph 2, that the sense of disempowerment  
14 was less obvious in respect of the Northern Ireland  
15 Office. Is that correct, or could you provide -- could  
16 you explain a bit more why that might have been the  
17 position?

18 A. Yes. No, that is -- that is correct, and I think the  
19 reasoning for that was the Scottish and Welsh Offices by  
20 structure are very small, I think. I don't know what  
21 they are now, but it was around 30 in one case, and less  
22 than 50 members of staff in the other. The  
23 Northern Ireland Office was closer to 200, partly  
24 because of our -- the structure of our role,  
25 particularly with national security, as you mentioned

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1 the [Northern Ireland Executive] in transferred matters  
2 was maintained."

3 I wanted to ask you whether or not, then, it was  
4 part of the strategic approach, as it were, on the part  
5 of the UK Government, in terms of the response to the  
6 pandemic in Northern Ireland, to prioritise that  
7 independence of the Northern Ireland Executive?

8 A. I don't recall there being a conscious  
9 discussion/decision at UK Government level with the  
10 Prime Minister, Number 10 or Cabinet Office, et cetera,  
11 around "This is what we must prioritise". I think --  
12 but there was -- and even with hindsight I would say --  
13 I would still make the same case, having had Stormont  
14 not functioning for three years, and having just come  
15 back to be in place and to be functioning, it seemed to  
16 me it was very, very important that we did everything we  
17 can to support the Executive but also support the  
18 Executive more generally in existing. And I think we --  
19 and we've seen again more recently the damage that can  
20 be done when the Executive is not functioning.  
21 Northern Ireland is better when it has local decisions  
22 made by local elected accountable politicians. So I was  
23 always very, very keen, wherever we could, that the  
24 Executive had -- and its position and the devolution of  
25 transferred matters was respected.

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1 Q. Did that translate in reality to a slight, if I could  
2 put this colloquially, sort of hands-off attitude to the  
3 Northern Ireland Executive or a sense of sort of  
4 distance because that need to let it get on its feet and  
5 its need to exercise that independence, because that was  
6 important?

7 A. I wouldn't -- no, I wouldn't agree it was hands -- look,  
8 I suspect it's probably for others to judge. I would  
9 say it was trying to find a balance between not  
10 interfering, and therefore you effectively void the  
11 purpose of the Executive, and that is quite a dangerous  
12 constitutional place for the UK Government to get to,  
13 and obviously it resisted it for three years, to  
14 suddenly go back to not do what hadn't been done for  
15 three years at a point where the Executive was  
16 functioning. And there was -- as I say, in my view  
17 there was a determination between the parties to make it  
18 work, certainly at that point. Would have been the  
19 wrong thing to do.

20 But that's not to say it's hands-off. You know, our  
21 role was to do what we can to support, and in fact the  
22 NIO, we actually gave a member of staff to the Executive  
23 to give them -- to support and help them, but wasn't  
24 reporting into the NIO, was using their experience of  
25 central government to help them and to help make sure

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1 function, to understand what we were doing.

2 But ultimately the UK Government is also the  
3 sovereign government for the United Kingdom and has to  
4 make United Kingdom-wide decisions that the devolved  
5 authorities are part of. So there will -- there will  
6 always be, when you have devolved authorities -- and we  
7 saw it in different parts of Covid with the regional  
8 structures more generally as well, where the central  
9 government as the sovereign government makes decisions,  
10 devolved authorities are part of that, and sometimes  
11 implementing them, and in other areas they are entirely  
12 transferred powers. So part of the role of the NIO is  
13 making sure that those -- which can be complicated, but  
14 making sure where there is a transfer of power it's  
15 respected.

16 Q. What you've said in your witness statement, I think, on  
17 a number of occasions was, because the pandemic was  
18 primarily -- I say primarily -- very deliberately  
19 a health issue, and because that was a matter that fell  
20 within the competence of the Northern Ireland Executive,  
21 that perhaps also was a limitation upon the role that  
22 the Northern Ireland Office and you, as  
23 Secretary of State, could play as well; is that correct?

24 A. Yes. And obviously in the Northern Ireland Office we  
25 have no expertise -- or certainly at that point no

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1 they had the support they felt they needed, but very  
2 much, yes, not to interfere and -- in matters that are  
3 transferred.

4 Q. All right.

5 You've also said in your witness statement that part  
6 of your role was to encourage alignment with the  
7 United Kingdom as well. Can you explain how you tried  
8 to balance, on the one hand, the recognition that the  
9 Executive needed to be independent with that  
10 encouragement for alignment as well?

11 A. Yeah -- well, yeah, no, absolutely, and I don't think  
12 the two things are mutually exclusive, in the sense that  
13 the -- in the same way that we've got devolved  
14 authorities in Scotland and Wales, we have a devolved  
15 authority. It is slightly different in Northern Ireland  
16 because of the Good Friday Agreement and the structures  
17 and the level of transfer of power. For example, the  
18 Northern Ireland Civil Service is completely autonomous  
19 and separate to the rest of the UK, whereas technically  
20 in Scotland and Wales the Civil Service technically  
21 reports in to the Cabinet Secretary, the head of the  
22 Civil Service. So it is -- it is a different structure.  
23 So it's about respecting that, but also just ensuring  
24 that there is, particularly for something that's new,  
25 the support there from us in UK Government to be able to

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1 expertise or experience of how to run or what you would  
2 do with a health service, so we as a department would  
3 not have been able to support directly, in either  
4 scientific or operational things like that.

5 Where the Northern Ireland health department wanted  
6 or needed support, we could connect them up, and we did  
7 and we'd make sure they had engagement with UK -- the  
8 UK Government's Department of Health and those  
9 conversations did happen between UK health and the  
10 devolved authority.

11 And we saw this actually very much, much later on --  
12 and I don't -- sorry to digress, but when we were  
13 dealing with abortion regulations, the NIO had very  
14 limited -- we -- the NIO had then to go and speak to the  
15 Department of Health to get some support of expertise  
16 that could help draft the regulations, to make sure that  
17 they would actually work, because the NIO does not have  
18 that competence and capability.

19 Q. All right. I was just going to ask for a document to be  
20 brought up that perhaps illuminates the limitations of  
21 the Northern Ireland Office's role, specifically in the  
22 context of the pandemic. I think it's right that in and  
23 around November 2020 the Northern Ireland Office sought  
24 advice about what it might be able to do if the  
25 Executive wasn't able to come to an agreement. I don't

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1 know if you remember that specific period of time or  
 2 not?  
 3 **A.** I do remember that specific period of time, it's -- it  
 4 was -- yeah, it was quite a key moment in the -- in that  
 5 period.  
 6 **Q.** I'm going to come back to that later, if I may, when  
 7 you're giving evidence. I just wanted, in terms of just  
 8 understanding the limits of your role --  
 9 **A.** Sure.  
 10 **Q.** -- and, as it were, the sort of hard-edged legal limits  
 11 to that role, I think that this advice encapsulates it,  
 12 and I think that we can see at paragraph 2 that when it  
 13 came to health matters there was a very real hard-edged  
 14 limit --  
 15 **A.** Yes.  
 16 **Q.** -- as to what the UK Government could do.  
 17 I think in fact the conclusion of this advice was  
 18 that, in reality, the only thing that could be done in  
 19 those circumstances, and we can see it from paragraph 4  
 20 onwards, would be to introduce a form of direct rule,  
 21 but that there wasn't any sort of basis for doing that  
 22 as at November 2020; is that right?  
 23 **A.** Yes, that's correct.  
 24 **Q.** So in other words, there was no power, as it were, to  
 25 intervene in any sort of lesser way other than,

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1 **A.** Yes, and that's -- and I just would be clear as well,  
 2 not just myself, as Secretary of State, the minister of  
 3 state, eventually, when we had the Parliamentary  
 4 Undersecretary, but also I would say probably in  
 5 quantum, absolutely, and the quality of the work between  
 6 the civil servants, the NIO teams and other  
 7 UK Government department teams working with civil  
 8 servants in Northern Ireland as well, where they could.  
 9 **Q.** Okay. We will come back to --  
 10 **A.** But particularly on that oil between the wheels thing --  
 11 **Q.** Yes.  
 12 **A.** -- not just on -- on other issues probably more  
 13 predominantly during that period, that weren't  
 14 Covid-related. But that was a really key factor, yeah.  
 15 **Q.** All right.  
 16 Another issue about which evidence has been given in  
 17 the Inquiry is the impact of the absence of  
 18 power-sharing between 2017 and 2020, and the extent to  
 19 which that may have conditioned the response to the  
 20 pandemic after January 2020, and I think you've said  
 21 that in your statement -- I won't ask for it to come  
 22 up -- at paragraph 25, but certainly you indicate that  
 23 you were aware of the fact that certainly there had been  
 24 an impact on Northern Ireland's health and social  
 25 services; is that correct?

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1 I suppose, the sort of nuclear option of direct rule;  
 2 correct?  
 3 **A.** In practice, yes.  
 4 **Q.** And I think the point that this advice made was that  
 5 that would never be contemplated in circumstances where  
 6 there was a Northern Ireland Executive up and running in  
 7 any event?  
 8 **A.** Absolutely. And in fact the evidence of the previous  
 9 three years shows that even where there wasn't  
 10 an Executive the UK Government did everything to not go  
 11 down that road.  
 12 **Q.** Yes.  
 13 So that assists us, I think, probably with  
 14 understanding the limits of your role, that certainly  
 15 when it came to the response to the pandemic there was  
 16 a limited amount, potentially, that you could do in  
 17 terms of -- or in terms of what powers you had. But  
 18 I think nonetheless what you set out in your witness  
 19 statement was that there was an element of what's been  
 20 described in the Inquiry already as sort of soft power;  
 21 is that correct?  
 22 **A.** Yes, yes. And where you can make use of that to move  
 23 things forward, then, yes, absolutely.  
 24 **Q.** I think you've described it as the oil in the wheels, is  
 25 that essentially the same, the same thing?

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1 **A.** In the sense that, yes, it -- I was very aware that  
 2 the -- Northern Ireland's health service was in  
 3 a difficult place. Far too many people in  
 4 Northern Ireland were on a waiting list already.  
 5 **Q.** In terms of how that impacted on the response to the  
 6 pandemic, were you conscious at the time in those -- in  
 7 the first months when the pandemic was unfolding, of  
 8 that informing the response in Northern Ireland to the  
 9 pandemic?  
 10 **A.** Actually, I don't -- I'm not sure that I would say I was  
 11 actually. I would approach it from a slightly different  
 12 point of view, which I think -- there were two impacts  
 13 in terms of the health department's dealing with it.  
 14 One was the fact that Stormont hadn't been sitting for  
 15 three years, politicians hadn't been involved. The  
 16 civil servants had done a fabulous job of keeping things  
 17 ticking along but there had been no Executive  
 18 function -- meant that when Covid came upon them, they  
 19 were still very new to their roles -- well, we all were,  
 20 but obviously for them very much so, coming into  
 21 something completely new. And I think that must have  
 22 had an impact on their ability, because they didn't have  
 23 the background experience of their roles themselves, or  
 24 working together in that way, because they'd spent  
 25 three years very much not working together, before they

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1 came into that forced coalition.

2 But also I think the -- one thing that always struck  
3 me was -- at the time -- that the teams -- that once  
4 they were in place were, particularly in the early  
5 stages, working very, very hard, very fast, to focus on  
6 Covid. So I don't particularly remember feeling that  
7 the difficulties they had in the health system were  
8 affecting the work they were doing on Covid per se, but  
9 it is -- other than -- obviously it's another issue to  
10 deal with while you've already got a difficult  
11 situation.

12 Q. Yes.

13 A. But it didn't -- their focus, from my limited experience  
14 of it, because I did have limited experience in dealing  
15 with the health side of it, was that their focus was --  
16 moved very fast and very full-on onto the Covid side of  
17 things.

18 Q. Can I just -- maybe if I bring up a document and just  
19 ask you a little bit about this.

20 If I could have INQ000091300, please.

21 This is a very early document, from 2 March.  
22 I think this was a briefing prepared for you for the  
23 purposes of COBR; is that correct?

24 A. Yes.

25 Q. I think we can see, yes, just -- yes, it's at  
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1 A. -- connotations as well. But we did manage to  
2 facilitate that.

3 Q. But in terms of the need for it?

4 A. Yes, yeah.

5 Q. It --

6 A. From memory, I think it was about having a consultant  
7 who had particular expertise in how to deal with Covid  
8 at that extreme level rather than there being a lack of  
9 availability of space in a hospital, if that makes  
10 sense -- I think. But I'm -- but the documentation from  
11 the health department at the time will give a better  
12 answer to that than I can.

13 Q. I won't press you on it --

14 A. No, that's fine.

15 Q. -- if you don't feel you're the right person to answer.  
16 I think as well, just focusing on the pressures on the  
17 healthcare system, if I could bring up another document,  
18 please.

19 This is INQ000056023. If we could go to page 7,  
20 please.

21 I think this was a point that was being made by you  
22 at that meeting that certainly, I think, by comparison  
23 as well to perhaps other parts of the United Kingdom,  
24 that there were significant challenges that the  
25 Northern Ireland system faced compared to those; again,  
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1 paragraph b, that Northern Ireland had one case of  
2 corona.

3 And I think if we could, please, go over the page.

4 We can see reference here, and it's a few points  
5 down on that page, that a request had been made for the  
6 patient to be transferred to a hospital in Newcastle.

7 Then the last bullet in that section, thank you.

8 The concern that there wasn't expert cover and that  
9 the patient -- therefore that was why the request was  
10 being made.

11 Can you assist with whether or not, at that stage in  
12 the pandemic, that that sort of assistance was initially  
13 sought on the basis that there were concerns about  
14 whether or not there was adequate care within the  
15 hospital system?

16 A. I don't recall it being about -- my memory of it is it  
17 was more -- I think that the reference to "expert  
18 consultant" was that the view about having someone who  
19 had the expert -- the particular expertise at that point  
20 to understand and do what was needed in terms of the  
21 care for Covid.

22 I do remember the request because even this request  
23 was not -- a MACA request from Northern Ireland, it was  
24 not straightforward to deal with, it had political --

25 Q. Yes.

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1 is that right?

2 A. Yes, absolutely.

3 Q. And again, presumably something that you were conscious  
4 of at that time that also needed to be fed into central  
5 government as well; is that correct?

6 A. Yes, in the sense -- yes, because I think at that point  
7 it was about half a million people were already on  
8 a waiting list for medical care pre-Covid, or Covid  
9 aside, as it were, so we were very conscious that there  
10 was a deficit in that support, and therefore, you know,  
11 the Department of Health, whatever we can do to help  
12 them, we should make sure we put that support and help  
13 in, with -- despite the challenge of it being a devolved  
14 responsibility.

15 Q. Yes. And I think in fact in terms of the sort of --  
16 what was provided -- and again if we could just go to  
17 INQ000091319.

18 Sorry, this is a different document. I'll take you  
19 to the one I was going to in due course, but I think if  
20 we look at this one -- and again this is for  
21 a Healthcare MIG -- I think concern -- we see  
22 "Overall Steer", five paragraphs down, that  
23 Northern Ireland was "experiencing particular shortages  
24 of PPE in healthcare and the wider public sector".

25 I think if we look at the bottom of this page,  
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1 please, and I think again in terms of your role it was  
 2 about being the voice, as it were, for Northern Ireland  
 3 in government; is that right?  
 4 **A.** Yes, and, as I say, making sure that we were getting the  
 5 balance right between -- although it is transferred, we  
 6 also -- citizens of Northern Ireland are citizens of the  
 7 United Kingdom and therefore we have a responsibility to  
 8 do what we can to help and support, and particularly to  
 9 make sure that we were getting PPE where we could to  
 10 Northern Ireland. Because obviously there is  
 11 a logistical difference between Northern Ireland and the  
 12 rest of the UK in terms of mainland Great Britain, and  
 13 it's purely because of getting product across the water.  
 14 **Q.** Yes. I'll come back to that added complexity to the  
 15 picture in Northern Ireland as well, but I think --  
 16 again, I think what this demonstrates or suggests is  
 17 that provision of information to central government  
 18 about particular challenges that were being faced in  
 19 Northern Ireland; correct?  
 20 **A.** Well, in the sense -- yes, Northern Ireland's health  
 21 service was in a difficult -- difficult and a weaker  
 22 place than the rest of the UK, was the view at the time.  
 23 **Q.** Yes -- and just, sorry, I am going to come then to the  
 24 document I wanted to go to, which is INQ000091324.  
 25 I think -- sorry, forgive me, that's the wrong

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1 **A.** Yes.  
 2 **Q.** -- at that particular point in time?  
 3 **A.** Yes, that's right.  
 4 **Q.** All right.  
 5 I'll come back to all of these issues, if I may, and  
 6 communications with the government a little bit later,  
 7 but moving on, if I may, then to a separate but perhaps  
 8 related issue.

9 Sir Brandon, what you say in your witness  
 10 statement -- and perhaps if I could bring this up, and  
 11 it's at paragraph 81, at the very end of that paragraph,  
 12 and it's I think a paragraph in which you set out your  
 13 reflections about Northern Ireland, you set out that:

14 "[You] noticed that the siloed nature of  
 15 [Northern Ireland Executive] Departments under  
 16 power-sharing meant that, as time went on, frictions  
 17 occurred between Ministers in terms of both style and  
 18 process. This led to some quite public disputes, often  
 19 over process issues in the later stages of the  
 20 pandemic ..."

21 There's another paragraph and then I'll ask you  
 22 about both, if I may. I think this is paragraph 23,  
 23 please. Again, it's just around the midway point, it's  
 24 the sentence that starts "For instance", and you set out  
 25 there that:

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1 document. It's INQ000421542. Thank you.

2 If we could go, please, to page 10 of this, I think  
 3 we can see that this was a later request for military  
 4 assistance, and I think that was sought in January 2021.  
 5 I think we can just see that --

6 **A.** Yep.

7 **Q.** -- in the last part of the boxes.

8 This in fact, I think, was quite a significant  
 9 request, because it was actually a request for  
 10 healthcare staff to be brought from the army to  
 11 Northern Ireland in order to provide frontline  
 12 healthcare services; is that right?

13 **A.** Yes.

14 **Q.** I think the first box sets out the detail of the problem  
 15 at that point, but it seems that absenteeism amongst  
 16 healthcare staff had become very acute at that point in  
 17 time; is that right?

18 **A.** Yes.

19 **Q.** I think if we may go, please, to the first page of this  
 20 document, it sets out the level of support that was  
 21 sought, and then the recommendation was made that that  
 22 assistance be provided; correct?

23 **A.** Yes, correct, yeah.

24 **Q.** And I think that did in fact happen, that that  
 25 assistance was given --

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1 "... the [Northern Ireland] Health Minister was very  
 2 protective of the remit and independence of his  
 3 department, which worked to the exclusion of the First  
 4 and deputy First Minister at times. I suspected this  
 5 approach was (at least in part) based on party political  
 6 differences, and reflected the inherent problems  
 7 associated with working in a disparate political  
 8 environment."

9 So I think you're pointing to two separate issues  
 10 there, but they are related. First of all, the idea  
 11 that departments within the Executive to your eyes  
 12 operated perhaps in a conspicuously siloed way, and that  
 13 being perhaps particularly noticeable in respect of the  
 14 Department of Health. But could I ask you about your,  
 15 that general observation first, about departments  
 16 operating --

17 **A.** Sure. Yeah, no, it is -- it's an issue, I think, in  
 18 terms of how the structure of Stormont works that I saw  
 19 in a number of ways, on different issues, Covid aside  
 20 actually, because the departments don't effectively work  
 21 in silos, they are in silos. The difference between --  
 22 if I take the way UK Government works, ultimately every  
 23 permanent secretary in every department, the permanent  
 24 secretaries technically report in to the head of the  
 25 Civil Service, the Cabinet Secretary. As

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1 secretaries of state, we answer to the Prime Minister.

2 That is not the case in Northern Ireland, the head  
3 of the Civil Service does not have any direct power over  
4 individual departments. And when you add to that the  
5 fact that the individual departments are also then run  
6 by ministers of different parties, because of the  
7 structure of the system, for the coalition, and  
8 power-sharing, that reinforces that structural silo  
9 impact. So that what you will sometimes find, and what  
10 we came up against in different times, in different  
11 issues, Covid aside, would be that a particular  
12 department would want to do something but couldn't get  
13 the Department of Finance to agree and it would  
14 generally be two different political parties as well as  
15 being two different departments.

16 So that becomes a real challenge for how the  
17 Northern Ireland structure of government actually works  
18 and delivers for people in Northern Ireland. And that,  
19 I think, in the health department, was partly the case,  
20 and you did see -- there was a particular point where  
21 the Executive Office set up a taskforce, effectively, to  
22 try to have a bit more structure, and Executive Office,  
23 understanding the drive about what was going on, and the  
24 Department of Health was a little bit resistant to that,  
25 particularly at the early stages, for fear of that

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1 were being issued, if papers were being issued, and we  
2 even had it where the department and the minister was  
3 not happy about civil servants necessarily talking to  
4 civil servants, wanting it to be at a political level,  
5 which is the private offices talking, rather than via  
6 the civil servants. So I did see that relatively early  
7 on. But I -- my interaction with the Department of  
8 Health there was actually fairly limited.

9 **Q.** Yes.

10 **A.** One of my ministers did more of that, and it was -- and  
11 also they would talk across other government departments  
12 as well.

13 **Q.** All right. I think you said about five things that --

14 **A.** Sorry, yes.

15 **Q.** -- so probably just want to unpick a little bit, if  
16 I may, and I'm now going to try and remember them.

17 In terms of that point that you were making about  
18 the health minister, I think you were saying, not being  
19 happy about civil servants interacting with each other,  
20 I think you may have said "at a political level". Can  
21 you just explain a bit about what you mean.

22 **A.** Well, they were -- we were engaged with the Department  
23 of Health and we had a request that engagement is not  
24 done by civil servants but was done by private office,  
25 which is the -- private office to me is the

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1 interference, which I think reflected the department and  
2 Robin Swann's desire to have, as the lead department,  
3 their protection of their position.

4 **Q.** Just looking at it, I think that taskforce came a little  
5 bit later in the --

6 **A.** Yes -- oh, yes, yeah.

7 **Q.** -- in terms of the response to the pandemic, but at the  
8 outset of the pandemic, and of course understanding that  
9 you were relatively new to your ministerial role, was  
10 that control or that quite compartmentalised approach by  
11 the Department of Health evident from an early point?

12 **A.** I think the general point around how the structures work  
13 is something that I became more alert and aware to and  
14 at times frustrated by it, further down the line, and  
15 not actually so much with Covid, to be fair. There was  
16 a really consistent and focused effort generally from  
17 all of the Executive to work together as best they could  
18 for Covid purposes.

19 But with the Department of Health there were --  
20 there did seem to me to be times where the minister for  
21 health was very, very protective of that role as the  
22 lead department and the lead minister on health, in  
23 terms of -- and we saw it a bit later in the year --  
24 we've already touched on that November period with the  
25 meeting, and a lot of the issues were around when papers

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1 Secretary of State or my junior minister, with his  
2 private office, which, although they are still civil  
3 servants, is seen as slightly more political because  
4 they work directly for the politician.

5 And when we had the MACA requests, occasionally, the  
6 Department of Health, one of the issues that came up  
7 would -- I know that the minister for health got a bit  
8 frustrated at having to follow processes and the way  
9 UK Government worked, and I having to come through the  
10 Northern Ireland office, and obviously we had to make  
11 sure that this was going to have agreement across the  
12 Executive, because UK military getting involved in the  
13 health service in Northern Ireland is not  
14 as straightforward and fair -- it just isn't --  
15 politically for some parts of the community. So we had  
16 issues like that occasionally.

17 **Q.** The Inquiry has heard evidence that at quite an early  
18 stage in the pandemic there was frustration. And I must  
19 emphasise that the deputy First Minister and the  
20 First Minister haven't given evidence yet. But on the  
21 face of the documents, that there was a frustration on  
22 their part that they weren't able to exercise sufficient  
23 control over the Department of Health, certainly in the  
24 first part of the response to the pandemic. Was that  
25 something that you picked up on or heard anything about

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1 at that time?  
 2 **A.** From memory, not particularly at the beginning, but, as  
 3 I say, I think it's partly what probably led to the --  
 4 I think the sensible decision much later to set up the  
 5 taskforce, or I think it was called the Executive  
 6 Taskforce. But I think it also plays into -- I think  
 7 it's more than just the -- politics and personalities  
 8 and the reality of working life will always come into  
 9 these things, particularly in Northern Ireland, but  
 10 I think the reality here was the technical legal  
 11 structure of how the Civil Service worked and how the  
 12 departments work in Northern Ireland sort of drove that.

13 It's one of the things that -- I do think, with  
 14 hindsight, it's one of the things that the  
 15 Northern Ireland structure would be better served to  
 16 serve the people of Ireland if there was a more --  
 17 a slightly more cohesive approach across departments,  
 18 and this is a very good example of where if your First  
 19 and deputy First Minister leading the Executive Office,  
 20 and you've got a pandemic, and you've got very -- even  
 21 they've got -- I mean, I had no power because it's  
 22 transferred, but they are the First and deputy First  
 23 Minister of Northern Ireland, and they have got very  
 24 limited power what they can do and drive legally and  
 25 technically through the Department of Health. And

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1 because it is a small society. So in a smaller  
 2 structure like that, yes, personalities do matter. But  
 3 I don't -- I wouldn't actually say I think that is  
 4 necessarily the issue because you get personalities in  
 5 any walk of life in any job, and certainly in politics.  
 6 I think actually the bigger issue that I think probably  
 7 is a better descriptor than personalities is: every  
 8 decision and almost everything that is said by  
 9 politicians in Northern Ireland has a political tone to  
 10 it, even if -- in anything, there is -- there is more  
 11 often than not almost a subliminal secondary message  
 12 which is driven by the politics. And it's not just  
 13 about sectarian politics between the Nationalist and the  
 14 Unionist Party -- that will happen between Unionist  
 15 parties who disagree on things -- or between the  
 16 Nationalist parties. Because you have got five  
 17 parties -- at that time -- five parties in the Executive  
 18 who are in a power-sharing structure that they have to  
 19 be part of, it's not a chosen coalition, they eventually  
 20 work out a kind of programme of action, but they are  
 21 basically in a forced coalition.

22 They then also, and the challenge for them that  
 23 I think drives this problem is then they also, when it  
 24 comes to electoral purposes, need to differentiate from  
 25 each other. And how you do that when you're in

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1 I would imagine for them, but that's obviously a matter  
 2 for them, would be immensely frustrating, but you'd have  
 3 to ask them about that.

4 **Q.** I think you've reflected on some of those issues at the  
 5 very end your statement --

6 **A.** Yeah.

7 **Q.** -- and I will come back and ask you about that because  
 8 that's important. I had really just -- the purpose of  
 9 these questions was to try and understand a bit more  
 10 about the dynamics at that time.

11 I think from what you've just said, what you might  
 12 be suggesting, is perhaps in Northern Ireland that  
 13 personality or that individuals may have a greater role  
 14 perhaps within the structures; is that right? I suppose  
 15 that was a clumsy way to put it, but perhaps that things  
 16 are more personality driven than they might otherwise  
 17 be.

18 **A.** Well, I think because you are working --  
 19 Northern Ireland is -- it's -- you know, it's small;  
 20 it's less than 2 million population, so everybody is  
 21 closer, you know. One of the first things I was told  
 22 when I became Northern Ireland Secretary is anything you  
 23 say in any room with two people will be around all of  
 24 Northern Ireland straight away. And one of the most  
 25 important things is you are straight with everybody

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1 a coalition is actually very, very difficult, and  
 2 I think that's what drives some of these challenges.

3 **Q.** All right. I think one of the -- or perhaps a separate  
 4 issue, if I may ask you about, is the point that you've  
 5 already made that civil servants within a department  
 6 answer to the permanent secretary of that department and  
 7 not to any -- there is no equivalent of the  
 8 Cabinet Secretary or anyone else to whom -- at a higher  
 9 level to whom they respond, or a central person, sorry,  
 10 to whom they report.

11 Is there a specific reason in Northern Ireland why  
 12 that's the position in respect of the Civil Service?

13 **A.** I don't know. That is just how they are technically  
 14 structured. That's how Northern Ireland's Stormont has  
 15 set itself up to structure that way. And although  
 16 obviously permanent secretaries and civil servants will  
 17 talk to each other, it is different when it's -- when  
 18 there isn't a clear understanding that the departments  
 19 are ultimately coming into one core base, and I think  
 20 that, as I say, comes back to the whole structure of how  
 21 Stormont is set up, which is challenging, but it does  
 22 reflect the complications and the challenges of the  
 23 society in Northern Ireland and the history.

24 **Q.** Right.

25 I'm going to go to a different thematic issue, if

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1 I may, or a complexity that Northern Ireland faced that  
2 was distinct from the rest of the United Kingdom, and  
3 that was the border and the fact that it was the only  
4 part of the UK that shared a border with the  
5 Republic of Ireland and with the European Union as well.

6 I think -- and perhaps if we look at a document to  
7 highlight this. If we could go, please, to  
8 INQ000421634. And I think we can see this is 11 March  
9 and a telephone call that you had. Is that with your --  
10 it's not really, I suppose, with your counterpart in the  
11 Republic of Ireland, is it?

12 **A.** The Tánaiste -- so it was Simon Coveney. He would be  
13 the foreign minister.

14 **Q.** Foreign minister, all right.

15 **A.** Yeah.

16 **Q.** I think if we could just look, please, at paragraph 4 of  
17 this note --

18 **A.** Sorry, that's -- I mean, yes, he's my -- the counterpart  
19 to the Northern Ireland Secretary is the Tánaiste.

20 **Q.** Yes, but he has a role that perhaps is more akin to the  
21 Foreign Secretary in the --

22 **A.** Yes. Correct, yeah.

23 **Q.** I think that this was setting out the advice -- sorry.

24 I think we can see in the paragraphs that lead to  
25 paragraph 4 that this was providing some background to

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1 **A.** Yes. Yeah. I mean, we were -- we recognised, and I was  
2 very cognisant very early on at this stage, that there  
3 would be complications because people live and work  
4 literally either side of the border, and obviously  
5 there's no border as such, so it's free-flowing. People  
6 live one side, work the other and will commute across  
7 the border between Ireland and Northern Ireland several  
8 times a day in some cases, and some products cross the  
9 border in their production. So we were going to have to  
10 be, and particularly for those communities there, very  
11 cognisant of how we manage messaging and how we're  
12 managing things so that people understand if there are  
13 going to be differences what those differences are. So  
14 it seemed to me, yeah, very logical that we try and keep  
15 in close contact on that.

16 **Q.** I'll come back maybe to some of the challenges, but in  
17 terms of the additional complexity that politicians or  
18 ministers in Northern Ireland faced, obviously the  
19 United Kingdom had control over immigration matters, so  
20 effectively it did control the border, so to speak, but  
21 that didn't preclude Northern Ireland ministers from  
22 implementing measures to control what happened,  
23 for example, when people crossed the border, is that  
24 right, in terms of having to provide information or that  
25 kind of thing?

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1 I think what was one of your very early discussions with  
2 him about the approach that you would take in respect of  
3 relations with him, and I think we can see from  
4 paragraph 1 that almost the most immediate and first  
5 thing that was alluded to was the need for consistent  
6 messaging between the two jurisdictions.

7 And I think if we could go to paragraph 4 then,  
8 please. And, again, the reference to ensuring  
9 consistency, I think particularly around border regions.

10 If we could go to paragraph 7, please. I think that  
11 that sets out some of the other links between other  
12 parts of the structures --

13 **A.** Yes.

14 **Q.** -- between the UK, Northern Ireland and the  
15 Republic of Ireland. And I think, again, we see that at  
16 page 4.

17 So I think as well we can see it's the lines to take  
18 but obviously I think setting out as well about  
19 officials in both jurisdictions working together or  
20 co-operating with each other as well.

21 I think what we can see is that consistency of  
22 messaging and the idea that that should -- that that  
23 should inform the approach from the outset was probably  
24 strained at points and at the early part of the pandemic  
25 as well; do you agree?

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1 **A.** Correct, yes. I mean, we -- the Common Travel Area was  
2 maintained, from our point of view, all the way through,  
3 but yes, what -- information which obviously became  
4 an issue, but what information was available and was  
5 required by the Northern Ireland Executive for health  
6 and safety in Northern Ireland was a matter for them,  
7 absolutely, yeah.

8 **Q.** But in terms of the complexity that ministers faced in  
9 Northern Ireland, they had no control over who entered  
10 the Republic of Ireland and no control over the policy  
11 of the Republic of Ireland in respect of entry.

12 **A.** Correct.

13 **Q.** And once people were in the Republic of Ireland, then  
14 they could just move across the border to  
15 Northern Ireland; yes?

16 **A.** Well, technically, physically, yes, you can do that, but  
17 obviously there were Ireland -- the Irish Government put  
18 restrictions in place themselves.

19 **Q.** Yes.

20 **A.** There was a point during the pandemic where they  
21 effectively, technically, you can argue, they closed the  
22 border.

23 **Q.** Yes.

24 **A.** They restricted people from moving.

25 **Q.** But at those points in time during the pandemic when

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1 travel restrictions from foreign countries, for example,  
2 were lifted in the Republic of Ireland, I think that was  
3 the issue. Then there was -- Northern Ireland ministers  
4 didn't have sight, so to speak, of who was crossing the  
5 border into Northern Ireland.

6 **A.** Correct. That's -- yes. Well, they -- they wanted that  
7 information, but they didn't automatically have it  
8 because obviously it's a different sovereign  
9 jurisdiction.

10 **Q.** And that relates I think to an issue that was ongoing  
11 for Northern Ireland from a very early stage which was  
12 that there was a difficulty in the Republic of Ireland  
13 providing passenger locator forms and information to  
14 Northern Ireland as well?

15 **A.** Yes. That's correct, yeah.

16 **Q.** And I think it's right that although that obviously  
17 related, as it were, to the border with the  
18 United Kingdom, that that issue about passenger locator  
19 forms actually fell to the health minister in  
20 Northern Ireland to deal with and that he took  
21 responsibility for that; is that right?

22 **A.** Yes.

23 **Q.** I think that it's right that despite the fact that this  
24 was an enduring issue that was raised on a number of  
25 occasions with ministers in the Republic of Ireland, it

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1 sovereign governments making decisions and the  
2 Northern Ireland Executive with their powers, that we at  
3 least understand what they are so we can manage them.  
4 And then we were all taken by surprise. I was actually  
5 in Washington DC when the Taoiseach went out in  
6 Washington and made that announcement. And I was --  
7 I saw him within an hour or so of him making it, and it  
8 was a complete surprise to everybody. And that was  
9 surprising, bearing in mind we'd just been all talking  
10 about working together.

11 **Q.** Yes. I'm obviously not going to explore with you what  
12 reasons there might have been for that. I just want to  
13 focus on the difficulties it presented for ministers in  
14 Northern Ireland. But presumably one of those  
15 difficulties is the messaging aspect of it and the idea  
16 that you posited in that meeting, which we saw took  
17 place the day before, of having a consistency of  
18 approach.

19 **A.** Yes, and actually for wider UK Government as well  
20 because it immediately put a question mark on: well, if  
21 the Irish have got a reason to do this, why is not  
22 everybody else doing this? So it was for wider  
23 UK Government it created an issue, but it created  
24 a particular issue in Northern Ireland as well because  
25 of the lack of notice, lack of understanding of why they

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1 didn't in fact get resolved until quite late into 2021;  
2 is that right?

3 **A.** Correct. Yes, that's right.

4 **Q.** Just coming back, then, to the issue -- and, again, it's  
5 a linked issue of communications or issues that  
6 potentially caused difficulty for Northern Ireland  
7 ministers because of their very distinct position.  
8 I think the Inquiry has heard that on 12 March 2020, the  
9 Republic of Ireland made the announcement that it was  
10 going to close schools, and it's understood from  
11 a number of witness statements that Northern Ireland  
12 ministers hadn't known that the Republic of Ireland was  
13 going to make that announcement and that that became  
14 a cause of some difficulty. Is that correct?

15 **A.** Absolutely right, yes.

16 **Q.** What the communications from around that time suggest  
17 was that that lack of notice effectively put all of the  
18 ministers in Northern Ireland under some pressure. Is  
19 that also correct?

20 **A.** Well, I don't know. They'd have to answer that. But it  
21 certainly did cause an issue because obviously, as  
22 you've seen from the notes, only days before, myself and  
23 Simon Coveney were discussing how we ensure that we work  
24 together, keep each other informed if there are going to  
25 be differences, which there is likely to be with two

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1 were doing it, and the complication of there were  
2 potentially people who would be living and working, as  
3 I say, on either side of the border where their  
4 children, in theory, they're not quite sure what applies  
5 to them, so the messaging of that put an extra  
6 complication in, yes.

7 **Q.** Did you play any part in trying to resolve that  
8 difficulty or in trying to improve communications with  
9 the -- between the Republic of Ireland and  
10 Northern Ireland in that regard?

11 **A.** I don't recall any particular -- there may have been,  
12 but I don't recall any particular meetings or  
13 conversations at the time where we were sort of finding  
14 a way through that. Specifically, that became an issue  
15 that was more the Northern Ireland Executive than  
16 working very quickly within itself and the Department of  
17 Health to -- with the Department of Education to get  
18 some very clear messaging out for people in  
19 Northern Ireland very, very quickly.

20 **Q.** All right.

21 Another point of tension, and you've already  
22 referred to this in your evidence, or a difficult period  
23 for ministers in Northern Ireland was what happened in  
24 and around the autumn of 2020, and that perhaps becoming  
25 a more fragile period of time for all ministers. And

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1 perhaps if I could ask to look at this document, please,  
2 INQ000372626.

3 I think we can see from the first paragraph that the  
4 advice that you were being given by the department was  
5 the need for a strong message about getting back to  
6 a sustainable footing and reference to the meeting last  
7 Thursday. Forgive me, I skipped over it, we can see  
8 that the date of this note is 18 November 2020.

9 I think if we just go a little further down, you  
10 refer to the fact everyone recognises that the last week  
11 or so has been difficult and the way that decisions  
12 played out in public was unhelpful. And the sense at  
13 that time that there were real tensions and frustration  
14 amongst all parties. And I think you were advised that  
15 you should ask how relationships could be repaired.

16 So in terms of coming back to the idea that you --  
17 that part of your role was to try, I suppose, and act as  
18 a -- perhaps an interlocutor amongst ministers as well.

19 First of all, that idea that the position had  
20 become -- I think, as you've put it, that it had become  
21 difficult or particularly fragile at that time. Could  
22 you explain a bit more about that and your perception of  
23 that?

24 **A.** Yes. Well, I think it was about a week before this was  
25 where they'd had the three-day long, roughly, Executive

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1 And the third bullet point I think is not unrelated.  
2 I think they were suffering from not having a head of  
3 the Civil Service and the inability to agree on somebody  
4 at that point.

5 **Q.** That was exactly what I was going to ask you about, was  
6 that we haven't heard very much about this perhaps in  
7 evidence, but the fact that the head of the Civil  
8 Service had retired at the end of August, I think, or  
9 the start of September 2020, and that the Executive had  
10 moved into a difficult period in terms of the challenges  
11 it was facing in the autumn without anyone in that role.

12 Was that your perception, that that lack of perhaps  
13 counsel that a permanent head of Civil Service might  
14 provide was actually impacting?

15 **A.** To an extent, yes. And I should be very clear.  
16 David Sterling was an excellent head of the Civil  
17 Service. I dealt with him even during the three -- I  
18 had seen him at meetings in the three years previous in  
19 my other roles. And he had given a lot -- he had given  
20 plenty of notice throughout the Executive, plenty of  
21 time to arrange the replacement for David's retirement  
22 but hadn't been able to. And it was the fundamental  
23 issue of the First and deputy First Minister basically  
24 not being able to agree on a candidate.

25 And I do think that had an impact for that period in

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1 meeting, and that was really difficult. I do remember  
2 that -- during that period being concerned that I could  
3 see the Executive collapsing again. One of the  
4 ministers had been talking about resigning just out of  
5 frustration at how things were happening. And it  
6 wasn't -- and it wasn't about so much the decisions  
7 per se; it was about the process, papers coming late, or  
8 inappropriate people leaking things during the meeting.  
9 There was a real frustration with each other.

10 It was a very, very difficult period, and I think  
11 this kind of became the -- to me, it seemed this had  
12 become the public exposure of challenges and problems  
13 that had been in the Executive since the Bobby Storey  
14 funeral. That changed everything, and this was where it  
15 sort of manifested in a -- through a different thing,  
16 but I think that this was a sort of -- where everything  
17 came together at one point and it became very, very  
18 difficult and I think it had -- the damage -- the fact  
19 that it took them three days of publicly having  
20 a protracted meeting to come to a decision therefore  
21 undermined the public perception of the -- not so much  
22 the decisions but the messaging coming from the  
23 Executive and I feel was very important that they find  
24 a way to get back to a situation where they can work  
25 together.

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1 a sense that it was a difficult period anyway, as I say,  
2 following that funeral and the way the processes were  
3 running, and there wasn't that head of Civil Service who  
4 is independent of all the political parties who can just  
5 sometimes work as that connector between to make sure  
6 things are done and possibly would have been able to  
7 have an impact -- maybe had an impact on some of those  
8 processes that were becoming frustrating, particularly  
9 for the smaller parties.

10 **Q.** All right. I'm going to move on, then, if I may, to  
11 deal with some different issues about the structures  
12 within UK Government and how the ministers in  
13 Northern Ireland were integrated or not into those  
14 structures.

15 So, first of all, just starting at the beginning of  
16 the pandemic and the COBR meetings. The sense that's  
17 been conveyed, I think, through a number of witness  
18 statements and I think evidence given in perhaps other  
19 modules, was the sense that these were forums within  
20 which information was provided, or ministers from  
21 Northern Ireland were told of decisions, rather than  
22 being actually integrated into the decision-making  
23 itself.

24 Is that something that you would accept?

25 **A.** To an extent, yes. I think some of those particularly

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1 earlier meetings were following decisions made --  
 2 I mean, I wasn't in some of those, but decisions that  
 3 had been made around -- by the UK Government for the  
 4 United Kingdom. And therefore bringing in the devolved  
 5 authorities to talk to them about how that would be  
 6 implemented, I think that is true.

7 Having said that, none of the politicians involved  
 8 in those meetings are generally very shy about speaking  
 9 up when they've got issues, and therefore in any of  
 10 those meetings, there is no reason why anybody who had  
 11 something they wanted to raise or bring up would have  
 12 been prevented from doing so. So they had -- they were  
 13 in the meetings, and if they had issues, they could have  
 14 raised them.

15 But I think very much at that early stage, some of  
 16 those COBR meetings were about outlining how we  
 17 implement decisions that the UK Government has made.

18 **Q.** But is that realistic in the context of an unfolding  
 19 pandemic, when you look at the COBR minutes and the type  
 20 of meetings that they were, it doesn't appear that there  
 21 was very much opportunity for ministers from the other  
 22 devolved administrations to actually contribute to the  
 23 decision-making process --

24 **A.** No.

25 **Q.** -- and it's unclear that that was in fact being made at

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1 **MS DOBBIN:** My Lady, I think we're probably just about at  
 2 the time for a break.

3 **LADY HALLETT:** We didn't start til 2.

4 **MS DOBBIN:** Sorry. I was passed a note.

5 **LADY HALLETT:** It's entirely up to you.

6 **MS DOBBIN:** No, it's absolutely fine. I'm always afraid of  
 7 running over, so I thought that --

8 **LADY HALLETT:** I think you've been falsely prompted on this  
 9 occasion.

10 **MS DOBBIN:** Thank you.

11 Sir Brandon, I wanted to take you, if I may, or to  
 12 ask you about some of the other groups or parts of the  
 13 decision-making structure at around this time to ask you  
 14 about those and whether they were, from your  
 15 perspective, an effective way of integrating the  
 16 devolved administrations into decision-making, and  
 17 I think that the ministerial implementation groups were  
 18 the part of the structure that effectively replaced the  
 19 COBR meetings; is that right?

20 **A.** Yes. To an extent, yeah.

21 **Q.** And were you actually involved in the ministerial  
 22 implementation groups? Did you attend those --

23 **A.** I would have attended some of them.

24 **Q.** Yes.

25 **A.** One of the challenges with memory of that period is

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1 COBR rather than elsewhere?

2 **A.** No, I can understand that perception, but I think in  
 3 practice, I'm not -- I don't think that's a fair  
 4 assessment in practice.

5 Obviously, I can speak from the Northern Ireland  
 6 side more than Scotland or Wales, but the devolved  
 7 authority, certainly in Northern Ireland, there were  
 8 conversations going on at all times, and I would think  
 9 looking back, almost -- I would be pretty confident  
 10 pretty much daily between civil servants across the  
 11 Northern Ireland Civil Service and the UK Civil Service,  
 12 not just the NIO but with the Department of Health and  
 13 elsewhere, that would have fed into what was being  
 14 decided in UK Government.

15 There were also other meetings going on around COBR.  
 16 COBR becomes the sort of culmination. But even in  
 17 COBR -- and I can remember COBRs where both the First  
 18 and deputy First Minister spoke, and Robin Swann  
 19 actually as Health Minister would have contributed, so  
 20 there was always the opportunity to contribute. And  
 21 I've got to be fair, my experience of particularly the  
 22 Prime Minister when he was chairing at the time, and CDL  
 23 when he was chairing meetings, there was never  
 24 a reticence about letting people come in if they had  
 25 something they wanted to add or say or challenge.

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1 there were lots and lots of meeting, so which were one  
 2 meeting or another, I'd have to look back at some of the  
 3 paperwork but I would have attended some; others would  
 4 have been my minister of state. And occasionally it  
 5 would have just been the devolved authorities attending  
 6 without either -- anybody from the NIO potentially.

7 **Q.** All right. And in terms of your view of those and  
 8 whether or not they were effective -- I mean, we've seen  
 9 some of the notes in terms of the health ministerial  
 10 implementation groups -- did you perceive those as  
 11 useful to Northern Ireland?

12 **A.** Yes, and at the time, it felt to me that the way we were  
 13 engaging was working and their -- I don't recall --  
 14 I don't recall at the time there being a shortage of  
 15 engagement, whether it was through a formal ministerial  
 16 implementation group, or the meetings between ministers  
 17 and the conversations between ministers, or the meetings  
 18 I was having regularly with the First and deputy First  
 19 Minister. There was a whole range of engagement going  
 20 on, yeah.

21 **Q.** All right.

22 I want to just ask you a bit about, if I may, the  
 23 realities of that, and if we could go to INQ000091348.  
 24 I think we see this is a note or an email quite early  
 25 on, and an email that deals generally with the approach

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1 that ought to be taken to the devolved administrations.  
 2 I won't read out all of it. I think this was at the  
 3 point in time where there were discussions as to whether  
 4 or not there should be a different format for  
 5 communications with the devolved administrations;  
 6 correct?

7 **A.** Yes.

8 **Q.** If we just scroll down a bit, please, I think we can see  
 9 that you contributed to this as well. So we see that at  
 10 the bottom, that Covid engagement had worked well, that  
 11 devolved administrations are getting huge exposure to  
 12 decision-making, that another meeting -- and I think  
 13 that that's the meeting that was foreseen with the  
 14 Chancellor, is that right, of the Duchy of Lancaster?

15 **A.** Yes. Yes.

16 **Q.** That that was too much and that you were concerned that  
 17 you had a better insight, as it were, into the  
 18 particular or the sensitivities perhaps of the  
 19 relationship with Northern Ireland; is that correct?

20 **A.** Yes, because the territorial offices managed the  
 21 day-to-day relationships, and I would say that,  
 22 I appreciate obviously looking through the lens as -- I  
 23 haven't been the Secretary of State for a little while,  
 24 but Northern Ireland has particularly unique  
 25 circumstances compared to the other devolved

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1 **A.** No. This isn't talking about Northern Ireland; this is  
 2 talking about the wider devolved authorities.  
 3 So one of the things that -- there was a risk of --  
 4 and this is where the politics does come into it -- was  
 5 we had seen as UK Government quite early on what seemed  
 6 to be political moves by one of the devolved authorities  
 7 in Scotland, in particular in terms of making  
 8 announcements. And there was also then sometimes for  
 9 political reasons a risk that we would have the politics  
 10 of wanting to differentiate for political reasons. So,  
 11 for example, in Scotland around independence, but also  
 12 with Sinn Féin with the deputy First Minister for --  
 13 making political cases rather than dealing with the  
 14 issues around Covid, and that's what that's referring  
 15 to.

16 **Q.** That idea that they were more difficult to handle in  
 17 smaller meetings, is that specifically a reference to  
 18 the deputy First Minister, or ...?

19 **A.** I think -- well, the general issue is, I don't --  
 20 I don't recall what the reference to a smaller meeting  
 21 would be because the meetings we used to have were  
 22 Scotland, Wales and Northern Ireland together with CDL  
 23 and the territorial offices. Generally, the territorial  
 24 offices would be involved.

25 **Q.** Because it might be thought, given all of the challenges

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1 authorities, and that day-to-day engagement we have  
 2 gives that understanding that you can bring to the  
 3 UK Government and CDL's role as we saw it at the time.  
 4 And what Michael was doing was bringing together the  
 5 devolved authorities, so he would chair the meetings  
 6 where all of the devolved authorities were coming  
 7 together with UK Government. It didn't seem logical to  
 8 then have a separate -- another meeting with CDL with  
 9 each individual devolved authority because that is what  
 10 the territorial offices do --

11 **Q.** If --

12 **A.** -- and were proactively doing at that point, yes.

13 **Q.** If we could go, please, to the second page. And, again,  
 14 if we just go a little bit further down, thank you.

15 I think yours is the penultimate point:

16 "Devolved administrations are dispersed in wider  
 17 UK Government meetings. If we convene them in a smaller  
 18 meeting, they may prove more difficult to handle.  
 19 Reiterated that the NIO hasn't been asked for this and  
 20 the Northern Ireland Executive have been very positive  
 21 re: the government's approach to date."

22 Sir Brandon, was that dispersement, so to speak, of  
 23 Northern Ireland ministers into wider meetings, that  
 24 would appear to have been a deliberate choice and  
 25 a convenient choice; is that right?

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1 and complexities that Northern Ireland ministers faced,  
 2 only some of which I think we've touched upon this  
 3 afternoon, that the idea that they might have access to  
 4 smaller meetings in which they could press their  
 5 individual concerns might have been a very good thing  
 6 for Northern Ireland, rather than ministers being part  
 7 of these much bigger, for example, COBR meetings or  
 8 ministerial implementation groups?

9 **A.** Well, don't forget -- and I think part of the reason is  
 10 it makes the point there that the Executive are being  
 11 positive about the engagement with the UK Government and  
 12 weren't asking for this was they did have that access.  
 13 There were meetings and debate -- discussions going on  
 14 between directly the Department of Health in  
 15 Northern Ireland and the UK Department of Health where  
 16 they were sharing those. I think there's reference  
 17 elsewhere to Matt Hancock also visited, as  
 18 Secretary of State, Northern Ireland early on. So they  
 19 were having those smaller meetings. That was happening.

20 I think my -- my point more generally in this  
 21 meeting was around not duplicating and repeating what is  
 22 already happening.

23 **Q.** I think that in terms of the -- that idea that the  
 24 devolved administrations were being dealt with, as it  
 25 were, as a bloc rather than individually is, in fact,

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1 reflected by the NIO office, isn't it, in its  
 2 reflections on Covid? Do you agree?  
 3 **A.** I think no, not quite. So I agree it's something we  
 4 were always very conscious of, and we were very keen and  
 5 always did -- look, I would say we did consciously do  
 6 everything we can to work to make sure that the  
 7 differentials and the particularly unique circumstances  
 8 in Northern Ireland -- and I don't just mean the  
 9 political circumstances; I mean the fact that it hadn't  
 10 had Stormont up and running and was a much smaller,  
 11 tighter knit society were reflected and understood, so  
 12 we were always trying to make sure that the wider  
 13 UK Government understood that the devolved authorities  
 14 cannot be and should not be treated en bloc. We have to  
 15 be alert to the variations and the differences between  
 16 them and within them.

17 **Q.** Perhaps if we could go to INQ00003154.

18 I think you've seen this. So it's a response --  
 19 again, it's June 2020, and I think a response to  
 20 a review that was taking place.

21 If we look at the first paragraph, so, first of all,  
 22 obviously issues about whether or not -- and that was  
 23 an issue that arose in Northern Ireland about having  
 24 representation on SAGE.

25 If we go, please, to the second paragraph --  
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1 is around the importance of understanding the unique  
 2 circumstances in each of the [devolved administrations].  
 3 They seem to sometimes be treated as a single entity as  
 4 opposed to three separate administrations with some  
 5 significant differences ..."

6 Then:

7 "... whereas we would likely get better results by  
 8 adapting plans for engagement depending on the specific  
 9 [devolved administrations]."

10 So that email does suggest, I think, and does fairly  
 11 reflect concerns that were being expressed by the time,  
 12 and I think those include concerns, perhaps on the part  
 13 of Northern Ireland as well, about being belatedly  
 14 informed of decisions that had been taken.

15 And then, as that points out, there being confusion  
 16 as to whether or not those decisions actually apply as  
 17 well. Yes?

18 **A.** Yes. I mean, that's not -- this would be an email  
 19 between civil servants, but I think it does reflect this  
 20 point that we were continually making which is that when  
 21 we're looking at things that are UK-wide we need to  
 22 understand and be alert to the differences with the  
 23 devolved authorities, and obviously, in my case,  
 24 particularly with Northern Ireland, which, as I say,  
 25 I've said many times, has a differential that is unique  
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1 **LADY HALLETT:** Sorry, this is from whom to whom?

2 **MS DOBBIN:** Oh, I do apologise.

3 **LADY HALLETT:** You may have said it.

4 **MS DOBBIN:** It's redacted but it's from the Northern Ireland  
 5 Office.

6 **LADY HALLETT:** Yes, so it is. To?

7 **MS DOBBIN:** To Cabinet Office, and it's part of a review,  
 8 I think.

9 **LADY HALLETT:** Got it, thank you.

10 **MS DOBBIN:** That's my fault for racing ahead.

11 I think we can see from this subject that it's  
 12 "[Covid-19] lessons learned and options for a review".

13 I think that that paragraph refers certainly to the  
 14 concern that had been expressed on the part of devolved  
 15 administrations that they weren't sufficiently sighted  
 16 on the pace of response. And it refers there to  
 17 devolved administrations being informed of key changes  
 18 to policy direction far too late, and that it was  
 19 unclear whether they were England-only or UK-wide.

20 I think that was a separate issue about the  
 21 Northern Ireland Civil Service on discrete issues,  
 22 I think that's on test and trace.

23 Then if we see the third paragraph up from the  
 24 bottom:

25 "The other point we would suggest really emphasising  
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1 to the other devolved authorities.

2 I would still say though, and I think there's other  
 3 evidence that I saw when I was going through the papers  
 4 for this, that sort of highlights there was a huge  
 5 amount of engagement between various parts of the  
 6 Northern Ireland Executive political parties and at  
 7 Civil Service level across UK Government and with the  
 8 NIO, and at that point it seemed to me that -- from  
 9 memory, now -- it was still that the main thing was just  
 10 making sure that when core decisions were made, that  
 11 they are alert to the differences between the devolved  
 12 authorities, in central government.

13 **Q.** All right. I think, then, just moving away from  
 14 those --

15 **LADY HALLETT:** If you are, that is now --

16 **MS DOBBIN:** That is the time for a break.

17 **LADY HALLETT:** I hope you were warned that we take breaks,  
 18 but I promise you we will finish your evidence today.

19 **A.** That's fine.

20 **LADY HALLETT:** I shall return at 3.35.

21 (3.17 pm)

(A short break)

22 (3.35 pm)

23 **LADY HALLETT:** A bit longer and no one needs it.

24 **MS DOBBIN:** Sir Brandon, I think we're on to the last topic,  
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1 if I may, which was to ask you a little bit about  
 2 relations with the Republic of Ireland and  
 3 Northern Ireland as well. I think what you've said in  
 4 your witness statement was that the quad meetings that  
 5 regularly took place between the Republic of Ireland and  
 6 Northern Ireland, and I think you were involved in  
 7 those, those were the most regular and perhaps effective  
 8 form of communication during the pandemic; is that  
 9 correct?

10 **A.** Yes, I mean, I instigated those, I wanted to -- it just  
 11 seemed to me a logical way of doing what we can to make  
 12 sure everybody was talking, because the North South  
 13 Ministerial Councils obviously existed, but there were  
 14 sometimes challenges with those as well, so it just  
 15 seemed a good way where both the UK and Irish Government  
 16 were together and bringing together the parties of  
 17 Northern Ireland the issues where there's an impact  
 18 between Northern Ireland and Ireland.

19 **Q.** Why were there less challenges with these quad meetings  
 20 than there would have been in respect of the council  
 21 meetings that you've just mentioned?

22 **A.** As in the North, do you mean the North South ministerial  
 23 meetings?

24 **Q.** Yes -- sorry --

25 **A.** Obviously the UK is not involved in the North South  
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1 importance and the value of the display of unity and  
 2 working together, for the UK Government and the Irish  
 3 Government to be seen to be working together, and for  
 4 the Northern Ireland Executive to all be working  
 5 together. It obviously practically makes a positive  
 6 difference, and I'll come back to that -- I think it's  
 7 the second part, but the fact that it's happening and  
 8 the presentation that it's happening is important, so  
 9 everybody in the whole community of Northern Ireland,  
 10 whatever their constitutional view, can see that  
 11 everybody is working together. So there is an  
 12 importance to that, and we saw that with things later on  
 13 unrelated to Covid. When there were challenges, the  
 14 public seeing that -- the two governments working  
 15 together matters.

16 But it did have a beneficial substantive impact as  
 17 well. There were some things that were frustratingly  
 18 slow and difficult and the -- you mentioned earlier on  
 19 the data issue took a long time, far longer than we  
 20 thought it would do, to get resolved, but I think it was  
 21 also helpful in a substantive sense, yes, because the  
 22 ministers, both in the Irish Government and the  
 23 Northern Ireland Executive, had that forum in which to  
 24 be able to engage and understand and talk about things.  
 25 Not just health but -- I think at times we had the  
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1 ministerial meetings. Occasionally -- not  
 2 Covid-related, but occasionally North South Ministerial  
 3 Council meetings have been delayed, postponed, avoided  
 4 for political purposes on different issues by  
 5 politicians in Northern Ireland, whereas having  
 6 a quad -- and the way we structured it was a bit more  
 7 informal. Obviously, particularly at the early stages  
 8 they were generally by Zoom anyway, but it also meant  
 9 both the Irish Government and the UK Government were  
 10 there so it would be hard for the Northern Ireland  
 11 ministers to not be engaged with that. And it was  
 12 something actually, to be fair, that particularly the  
 13 health minister was very keen on, to try to make sure  
 14 there was as much engagement with the Irish as there  
 15 could be.

16 **Q.** Did the importance of those meetings lie in the fact  
 17 that they happened, in other words that they were a show  
 18 of willingness to engage on the parts of all involved,  
 19 or were they substantively valuable in terms of the  
 20 issues that were discussed or ideas that were shared or  
 21 the co-operation perhaps that they promoted or didn't?

22 **A.** If I've understood correctly the point -- I think if I'm  
 23 understanding your question correctly, I'd like to think  
 24 both.

25 I do think, and we -- I wouldn't underestimate the  
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1 education ministers as well and even the economy as  
 2 well.

3 **Q.** A witness to the Inquiry, a Dr McCormick, who had  
 4 special responsibility in respect of EU exit within the  
 5 Northern Ireland Executive, thought that there was  
 6 perhaps a slight froideur in relations between the  
 7 United Kingdom and the Republic of Ireland at this time,  
 8 although perhaps it's less clear whether or not that --  
 9 or how much that mattered in respect of  
 10 Northern Ireland. But could I ask you about that  
 11 observation first of all, whether or not that was your  
 12 experience, that perhaps there was a chill in relations,  
 13 because of EU exit.

14 **A.** Yes, I think that I -- I think on a personal level  
 15 I would say, and I would let others give their view of  
 16 it from their side, but from my point of view I felt  
 17 I had a -- and we had a good working relationship and  
 18 had a very amicable relationship with myself and  
 19 Simon Coveney, who was my main point of contact.

20 I didn't deal with Leo Varadkar directly other than  
 21 one -- for one conversation while he was Taoiseach,  
 22 because he changed quite early on to Micheál Martin, and  
 23 had a good working relationship with Micheál, but my  
 24 main point of contact was Simon Coveney. And I felt  
 25 I had positive relationships and we got on well, both  
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1 with the Taoiseach and the Tánaiste, on a personal  
2 level.

3 But yes, I think it is fair to say there were  
4 challenges because there were other things going on at  
5 the time that were challenging for the relationship.  
6 Brexit was one of them. And obviously that had happened  
7 in advance and it put -- and it made -- there were  
8 certain times that that -- because at the same time as  
9 Covid we were also having discussions around the impact  
10 and how we managed the border because of what became the  
11 Northern Ireland Protocol and all of those things, and  
12 those were challenging conversations.

13 So, as I say, at a personal level I always felt we  
14 had a good personal relationship but, at a structural  
15 level, I have no doubt there was there were some  
16 tensions there because of what was going on outside of  
17 Covid.

18 **Q.** From what you've said then, did those tensions sometimes  
19 creep in then to the relations between the  
20 United Kingdom and the Republic of Ireland in respect of  
21 the response to Covid --

22 **A.** The only time I can think of where I would say that --  
23 the answer to that is yes. And I don't mean it  
24 intentionally in terms of the relationship, in terms of  
25 the discussions being -- practically getting the result,

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1 because obviously the ministers in North South councils  
2 and other direct engagement, that would have been  
3 a matter between them, so I'm not sure I can really give  
4 you a fair assessment of that.

5 **Q.** Thank you, Sir Brandon.

6 I wanted to come then, at the very end, just to ask  
7 you a bit about what you have reflected upon in terms of  
8 lessons learned, and perhaps if I could bring up  
9 paragraph 82 of your witness statement.

10 What you've set out there was that you thought that  
11 there needed to be a form of mechanism to ensure that  
12 different parties that make up the Northern Ireland  
13 Executive have a more cohesive way to work together in  
14 a national emergency.

15 And what you seem to suggest as well, and I'm just  
16 looking at the last few lines, was that there ought to  
17 be a mechanism that enables the First Minister and  
18 deputy First Minister to have a "more direct  
19 responsibility and authority over key decisions", in  
20 order to reduce tensions between them.

21 I wanted to go back, I think that was something that  
22 you alluded to a little bit earlier in your statement,  
23 but I suppose the question is really whether or not you  
24 have any idea of what sort of mechanism that might be  
25 that could be used in a national emergency, or is it

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1 was the data issue.

2 **Q.** Yes.

3 **A.** Because the Irish Government had a real -- their point  
4 was that they were struggling to share the data that  
5 Northern Ireland Executive wanted because of data  
6 regulations and rules and their role within the  
7 European Union. And their position as a member of the  
8 European Union was hugely important to them, and them  
9 being cognisant of their role as a member of the  
10 European Union, whereas we have left and we weren't,  
11 I think was part of the issue around why it took so long  
12 to get the data issue resolved.

13 **Q.** All right.

14 The appearance is given, but it may not be true or  
15 not, but if I can ask you this, whether or not  
16 co-operation between Northern Ireland and the  
17 Republic of Ireland functioned quite well at an official  
18 level, so, for example, between perhaps public health  
19 officials, like the respective CMOs, and whether  
20 relationships at that level were perhaps easier than  
21 relationships at a political or ministerial level?

22 **A.** I suspect that -- look, my understanding is that the --  
23 at officials level, yes, there were good relationships,  
24 strong relationships. I'm probably not able to give you  
25 an informed view about how that compares to the MIG(?),

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1 really rather the idea that something like that might be  
2 needed that you think needs to be reflected upon?

3 **A.** Yeah, no, it's more the idea. I wouldn't -- I wouldn't  
4 venture to -- I don't think it would be helpful for  
5 a UK -- the former UK Government Secretary of State to  
6 start outlining how I think Northern Ireland should do  
7 things. That's, I think -- I think it would be  
8 a mistake and, no, I don't have a direct answer to that.

9 What I did find though, and I do still believe, is  
10 that that structure -- and it was manifested again in  
11 that issue with the meeting that went over three days in  
12 the November, where part of the frustration,  
13 particularly with the use of the cross-community vote,  
14 is of course that excluded the Alliance Party, who are  
15 the third largest party, instantly, because they don't  
16 categorise -- they're listed as "other". So that  
17 structure is quite difficult when you're in this kind of  
18 a situation.

19 One of the things I -- I always felt that there was  
20 an opportunity with the Good Friday Agreement's  
21 anniversary, of the 25th anniversary, to have some --  
22 I think to do this you would need some kind of  
23 an international symposium with partners from the US,  
24 experts in constitution, and all the parties involved to  
25 have a big conference that works through what would be

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1 the next stage of development for future growth and  
 2 improvement of the way that Stormont structures.  
 3 I'm not going to profess to be the expert and give  
 4 the perfect answer to that but I do think Stormont will  
 5 benefit generally, and certainly in this kind of  
 6 situation, from something that has ...  
 7 When you get to a situation like this, I also,  
 8 again -- the others may have a different view, but  
 9 I think when you have a First and deputy First Minister  
 10 with an Executive Office, I suspect there were some  
 11 people in Northern Ireland who may have been surprised  
 12 at the lack of direct power they actually have over the  
 13 departments to be able to bring things together and  
 14 drive things. And I think to the credit of both the  
 15 First Minister and deputy First Minister, who I know  
 16 disagreed on things at a range of times, there was,  
 17 particularly in the early stages, a huge amount of  
 18 effort I saw from them both to work together to try to  
 19 drive that. I think that Northern Ireland would benefit  
 20 from the structure supporting that beyond having  
 21 personalities who are prepared to do it.  
 22 And I -- but, as I say, I think the Northern Ireland  
 23 structure makes it quite difficult when you're,  
 24 you know, having a forced coalition with people who  
 25 fundamentally disagree on things. And I'm not just  
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1 much for your help.  
 2 **THE WITNESS:** Thank you.  
 3 **LADY HALLETT:** Thank you.  
 4 (The witness withdrew)  
 5 **LADY HALLETT:** Right, is that it?  
 6 **MS DOBBIN:** That's all of the evidence for today.  
 7 **LADY HALLETT:** Right. So tomorrow is Chief Medical Officer.  
 8 **MS DOBBIN:** Yes.  
 9 **LADY HALLETT:** And 10 o'clock.  
 10 **MS DOBBIN:** Yes, my Lady.  
 11 **LADY HALLETT:** Thank you.  
 12 (3.48 pm)  
 13 (The hearing adjourned until 10 am  
 14 on Friday, 10 May 2024)  
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1 talking about the sectarian issues; as I said earlier  
 2 on, that can be within the Unionist parties or within  
 3 the Nationalist parties.  
 4 So I think there does need to, at some stage, need  
 5 to be a piece of work done around how you further mature  
 6 the way that Stormont works to reflect the needs of  
 7 modern society and democracy.  
 8 **MS DOBBIN:** Thank you.  
 9 My Lady, those are my questions. I think there  
 10 were --  
 11 **LADY HALLETT:** If the former Secretary of State for  
 12 Northern Ireland can't do it, what about a retired judge  
 13 of England and Wales, Sir Brandon?  
 14 **A.** I think it certainly needs somebody like that to chair,  
 15 as I say, a wider group of people --  
 16 **LADY HALLETT:** No, I wasn't thinking about that. I'm just  
 17 thinking about this Inquiry.  
 18 Is it you, Ms Campbell?  
 19 **MS CAMPBELL:** My Lady, Ms Dobbin has asked the questions  
 20 that we wished to be asked.  
 21 **LADY HALLETT:** All right.  
 22 **MS CAMPBELL:** I'm very grateful, thank you.  
 23 **LADY HALLETT:** Thank you very much indeed, Sir Brandon, even  
 24 if you didn't go far enough and give me quite the final  
 25 answer I might have been hoping for. But thank you very  
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